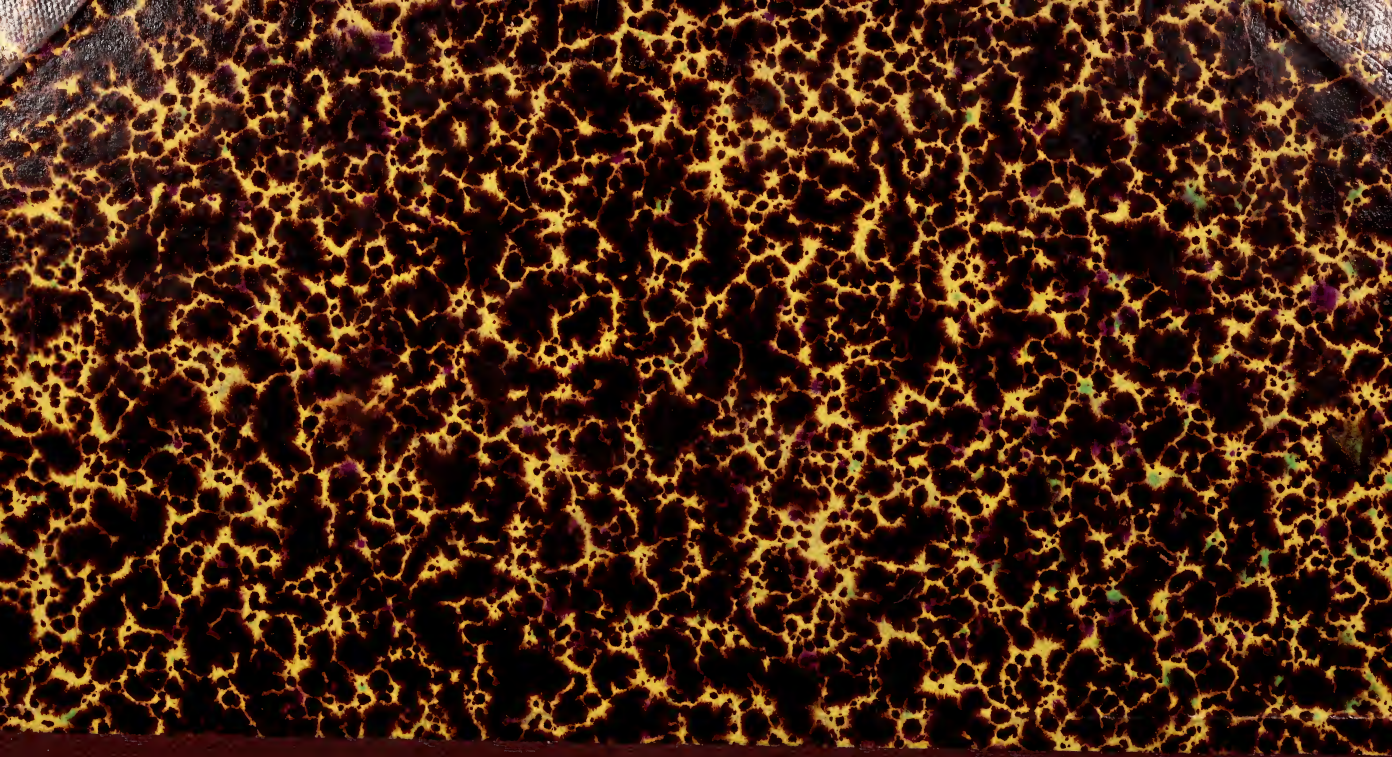

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Robert A. Hare. M. D.

1855

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THE NATIONAL

ECLECTIC MEDICAL ASSOCIATION

QUARTERLY

EDITED BY

WILLIAM NELSON MUNDY, M.D.

A JOURNAL OF ECLECTIC MEDICINE AND SURGERY.

Comprising the Proceedings, Papers and Discussions of the Association, and Published in the Interest of the Eclectic School of Medicine.

Volume V—1914

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W. S. GLENN, M.D.
President N. E. M. A.

THE NATIONAL
ECLECTIC MEDICAL ASSOCIATION
QUARTERLY

VOLUME V. CINCINNATI, SEPTEMBER, 1913. NUMBER 1.

THE NATIONAL ECLECTIC MEDICAL ASSOCIATION.

Minutes of the Forty-Third Annual Meeting, Held at Dallas, Texas, June 19-21, 1913.

THURSDAY MORNING SESSION.

Meeting called to order by the President, F. L. Wilmeth, M. D., Lincoln, Neb.

Invocation by Rev. J. Frank Smith, pastor Central Presbyterian Church, Dallas, Tex.

"Our Heavenly Father, we thank Thee for the care that is always about us, and the love that watches over us, and has brought a measure of prosperity to each of us. We thank Thee that we can meet together as brothers, and can plan together for the betterment of the race. We thank Thee for the blessings these men will bring to us, and for the great cause that brings them here. Help us to welcome the light from every source, and to seek the truth from every angle. We would be willing to recognize Thy truth wherever it touches us, and to use it for the lifting up of the world. Bless this meeting, and the men and women who have come to us. Preserve their lives: open their minds. Bless their officers who lead them in the fight against disease and death, and grant that as they meet here, they may bring a blessing, and go back strengthened in mind and body for work in the communities where they live. May they be better men and better citizens for their stay with us. Hold thou the hand of each: open the mind of each: preserve the lives of all here, and lift them up where they can grasp the great things of their calling. We pray for minds open to the light, and for resolution of soul that will enable us to follow the light when it shines upon us. In the troubles of life we would look to Thee. In the midst of the struggle we would give ourselves to follow the Star, trying to follow the ideals Thou has placed before us, as well as we can. For the forgiveness of our sins we pray, and for strength to do the tasks to which we have given our lives. Now together we pray to Thee: Our Father Who art in Heaven, hallowed be Thy name; Thy kingdom come; Thy will be done, on earth as it is in Heaven. Give us this day our daily bread, and forgive us our debts as we forgive our debtors. Lead us not into temptation, but deliver us from evil; for Thine is the kingdom and the power and the glory for ever and ever. Amen."

PRESIDENT WILMETH: "Mayor Holland who was to have welcomed us to the city, is called away, but he has wisely delegated this duty to Mr. N. C. Hanna, who will speak to us."

MR. N. C. HANNA:

Mr. President and Ladies and Gentlemen:

The Mayor called me last night, and stated that as he had to be out of the city, he wanted me to take his place to-day. His Honor has a way of inflicting me on the people, and as I am the City Chemist, and frequently have difficult tasks to perform, people are not always glad to hear me speak. This is a different and more pleasant duty; it is a joy to me to bid you welcome to Dallas. We think it especially appropriate that you should have honored Dallas as your meeting place, because of the things Dallas is trying to do for her sick and suffering. We want to show you our Emergency Hospital, where accidents are taken care of, and medicines given to the poor. We want to show you the two hospitals maintained by the county and the city of Dallas. We have now under construction a larger hospital which will have ample facilities for the care of the indigent of the city. You will be interested in our water purifying plant. We can not show you our City Hall, as it is not built yet, but we have a noble hole in the ground where it is going to be. I hope you will like our hotel facilities, and I am sure they are taking good care of you. We are glad to have you come. We welcome you most heartily to the City of the Hour."

PRESIDENT WILMETH: "Dr. Cranfill is called to Chicago, but Mr. J. R. Babcock, Secretary of the Chamber of Commerce, will now speak to us."

MR. J. R. BABCOCK:

"I am glad indeed to see you in Dallas, and I think the business men here voice a hearty welcome through me, because, for one thing, we believe that you are a high-class bunch of men. Your personality and the line you follow is well indicated by the motto that is the meaning of your name and the watchword of your profession: 'To select.' Your plan is to adopt the best in medicine, and the best is the thing we welcome always. We feel that you have honored Dallas, and again lived up to your watchword, when you selected your convention city. Dallas is a young, growing, striving giant, and we are trying to build along the right lines. We do not want to overlook the important things in life, and are trying to grow toward the betterment of our community instead of working simply for the almighty dollar that so many are chasing in this country. The spirit of Dallas is one of which we are proud. It is enthusiastic and progressive, and is quickly imbibed when one reaches the city. It reminds me of one of our citizens who works a machine in the streets, and grinds scissors. He was taken to court lately for a Saturday night affair in which he had taken too much of the cup which cheers and also inebriates, and the court asked him his name. He stutters badly, and responded: 'J-J-Jones." 'What is your business?' He started to say 'Scissors-grinder,' but it was too much for him, and he could not get beyond: 'S-s-s-s-s-s-.' 'What is this man charged with?' said the court, impatiently, of the officer. 'I don't know, Your Honor, but I think with soda-water,' was the response. This is a good illustration of the spirit of Dallas. We bubble over with enthusiasm, and act very often as though we too were charged with soda-water. It isn't all hot air, either, as you will testify. I do not say this in a boasting spirit, but I see that many of you are from Texas, and I know that you love Dallas. We get fine material from the North and East, and they have made Texas what she is,

but we are proud of Texas, and I welcome you the more for your presence with us. I think, though, that your coming has not been sufficiently heralded, and I feel like apologizing a little for the lack of knowledge of your affairs over the State. One day one of my clerks said to me: 'There is some one to see you outside.' 'Find out who it is,' I said. 'It's a book agent.' 'Say that I am busy and don't want to buy,' said I. 'I-I think you are making a mistake, sir,' he said. 'Just look through the key-hole—she's a pippin'.' Sometimes Dallas overlooks a bet. If the citizens could look through the key-hole they would find that this convention is a pippin, and has the right sort of folks in it. The Chamber of Commerce consists of 1,100 men, all interested in promoting the best interests of Dallas, and we certainly want to show hospitality to the stranger within our gates. If there is anything you want that you can not lay hands on at the time, just telephone my office, and I will come over with a crowbar and pry it loose for you. Our hotel buildings are high, but their bills are higher. They are made that way so that we can not jump them. But you will find everywhere the true spirit of hospitality. I feel that your convention is a big success, and I want to tell you that you must ask the nearest man, or telephone my office, if everything is not being done for your comfort and happiness."

PRESIDENT WILMETH: "That was a noble welcome. Here is another man who is glad we have come to Texas. Dr. M. A. Cooper, President of the State Eclectic Medical Association."

DR. M. A. COOPER: "I am indeed glad you chose Texas as a meeting place this year. It is a pleasure to see you, and we wish you would stay. Of course, we are proud of Texas. There never was a Texas man who was not. We are of pretty good size, you know, and sometimes we feel it. We love to have people come here and enjoy themselves. It has been said that Texas is one State that can take entire care of herself. We have cotton and wool for clothing; corn and oats, pork and beef, peaches and watermelons for food; we have murmuring streams and singing birds to entertain us; we have great educators to educate us; we have streams of fish and hunting grounds for sport. If Texas were cut off from the rest of the world, she could take care of herself. We are proud of our State Association, and are glad to say that it is larger than at this time last year. We have taken in a good many new members, and have paid up better. It is true that our membership is small—we should have two or three times as many as we have. There are 250 Eclectics in the State, while we have a membership of only sixty, but we are working hard, and have some more interested. Yesterday we had forty-five or fifty members here, and I see before me quite a number of our Texas members. We are especially proud of the hard work of two men in the State. It is due to them that our work stands as well as it does. Dr. H. H. Blankmeyer, State Secretary, has made it his first business to stir up interest and build up the State Association. He has been Secretary for years, and it is due to his efforts that we have the standing and membership we have. I would speak also with pleasure and appreciation of Dr. Daniels' work on the Board of Examiners. He has stood up for Eclectics in the State, as well as others who have come here, from other States. He has spared no time nor expense in his efforts. The State work is yours as well as ours, and I know you are interested in it. I thank you for selecting Texas as your meeting place, and I bid you a hearty welcome to our midst."

PRESIDENT WILMETH: "Dr. Stephens is not here, but Dr. R. L. Thomas, of Cincinnati, will respond in his place to this welcome.

Dr. R. L. Thomas: "I wish Dr. Stephens were here to thank you himself for this welcome. We have all heard much of Texas—its size and its wonders, its men and its women, and we are glad to have the opportunity of seeing it for ourselves. I had the pleasure of meeting with your State Society four years ago, and you can not surprise me. They tell great stories as to the size of the State—that you could draw a line through it, swing it round by the tail, and throw it clear across the continent, and be in Texas all the time. I hear that you could put every man, woman and child in the United States in Texas, and still not be any more crowded than they are in China now. You can not only take care of yourselves, but of all of us as well. I visited the State Fair when I was here four years ago, and I saw a watermelon weighing one hundred pounds that had been raised in dry territory, and when I saw it, I said to myself: 'My, my, what could they do in a country where it rains!' We are quite proud in the Queen City because we have the largest building in the United States, outside of New York City, but I see buildings here nearly as large. You even have good weather for us. When I left home, the thermometer stood at 104. At St. Louis it was the same—104, hot and sweltering. But here the weather is like spring, cool and pleasant. We are here to enjoy Texas and Dallas. I thank you for your welcome, and trust you will never regret our stay, and that we all may have a part in that work that is every man's business—making the world a little better than we found it."

President Wilmeth: "I hope you all feel as welcome as I do. We expected a warm time, and we certainly are getting it."

Business Session.

Roll call of officers. The majority of officers answering roll call, the meeting was declared open for the transaction of business. Roll call of States for the formation of the House of Delegates showed sixteen States represented as follows:

Arkansas.....Dr. V. E. Duren, Hot Springs.
California.....Dr. J. A. Munk, Los Angeles.
Illinois.....Dr. R. J. Lambert, St. Charles.
Indiana.....Dr. W. P. Best, Indianapolis
Iowa.....Dr. G. F. Severs, Centreville.
Kansas.....Dr. O. C. Baird, Chanute.
Kentucky.....Dr. Lee Strouse, Covington.
Missouri.....Dr. M. M. Hamlin, St. Louis.
Nebraska.....Dr. F. M. Andrus, Lincoln.
New York.....Dr. T. D. Adlerman, Brooklyn
Ohio.....Dr. B. W. Mercer, Tiffin.
Oklahoma.....Dr. G. H. Truax, Stonewall.
Pennsylvania.....Dr. W. S. Glenn, State College.
South Dakota.....Dr. W. E. Daniels, Madison.
Texas.....Dr. M. E. Daniel, Honey Grove.
Tennessee.....Dr. M. M. Harvill, Nashville.

Colleges.

California.....Dr. J. A. Munk, Los Angeles.
Nebraska.....Dr. E. J. Latta, Kennesaw.
Ohio.....Dr. J. K. Scudder, Cincinnati.

Moved and carried that the minutes of last meeting be approved as printed.

The report of the Recording Secretary was presented by Dr. Best, and referred to the Committee of Delegates.

Report of the Recording Secretary.

What the National has accomplished in the past six years is a matter of our history.

The routine established during and since the reorganization has been followed and has constituted the larger part of the year's work just past.

Early in the year there came a call for financial aid from the State of New Mexico. But the Executive Committee, after careful consideration, decided that any means spent in that State toward medical legislation would be unwarranted, as there are but very few Eclectics residing there.

We regret to report that the society in West Virginia has apparently discontinued. We are unable to get any response from the officers since last year, at which time they talked of reorganizing.

The correspondence during the year has related chiefly to State society work, delinquencies, correcting errors in accounts, etc.

The latter is mentioned for a purpose. We are again impelled to call attention to defective or deficient work in our State organizations, some of which deserve honorable mention, but some seem to manage themselves, with no one responsible for anything.

In most States little seems to be done on behalf of the State societies, except on or about the time for the annual meeting. The spasmodic, unsystematic and unharmonious work leaves weakness and instills into the loyal a feeling which makes it hard to reorganize or rally them to the needs of the times.

We hope that in the year ahead special attention may be directed toward the end that some systematic State society work may be accomplished. The work would need be handled with much circumspection, because interference with the State work by the National could easily be misunderstood or misconstrued, and might result in the efforts being resented.

Inquiries have reached us concerning the existence of and standing of the Eastern University (Eclectic) of Medicine at Baltimore, Md., now known as the Maryland College of Eclectic Medicine and Surgery. We are reliably informed that this college will endeavor to comply with the standards set forth by the Eclectic Confederation of Colleges, and that the moving spirit of this new venture, in the person of Dr. F. J. Kenney, expects to present his claims for recognition at this meeting.

I am also informed that they have organized a State society and hope to present several applications for membership.

Again we would impress upon all, more particularly State officers, the fact that in some States at least, that the annual loss from our membership

roll by delinquency is more than is gained by the new members added to the enrollment.

The accompanying detailed report of delinquency reveals a startling inefficiency, lack of interest or total loss. This is mentioned in the way of friendly criticism, hoping we may thereby take heed and duly confer and possibly decide upon some plan to overcome these conditions.

That we may have some system in our work and better understand reports, and the standing of members who remit their dues, I would suggest the following be followed:

Dr. J. J. Blank, Cincinnati, O., $2.00, 1914, or in case of new members; new, Dr. M. M. Moore, Mooresville, Ky., $2.00, 1914; H. H. Hubbard, Indianapolis, Ind., $2.00, 1914—reinstated.

By following this simple arrangement we would at once know the standing of the member on the State society records, and the amount remitted for him, the date to which he is entitled to be credited, whether new or reinstated, all of which is important in a complete report. Lack of some such system involves much needless correspondence and misunderstanding.

If a delinquent pays in part, only, he should be so credited by the State Secretary, not credited in full unless reinstated and we have no authority to reinstate any one unless so authorized by the State officer reporting.

Our Treasurer can not advance a member's standing because the request is so made by the State officer, without the fees accompany the request, for by so doing he would credit for dues he did not receive. If a State officer wishes a member's standing advanced a year more than we have him credited for he must send the dues from the State society, else we would of necessity have to ignore the request.

During the year the Connecticut society rejected the name of Dr. Ruben, on account of the irregularity of admission.

The condition of some of our colleges is a matter of grave concern. The interpretation and administration of existing laws and the pending legislation bearing on the question of medical education are working more and more hardships, in some instances the cause of medical education is lost sight of in the endeavor to continue the work of colleges which have come under the ban of the existing medical oligarchy.

I herewith submit a detailed report of the condition of our various State societies. The percentages are given, the figures upon which they are based are sent direct to the proper State officers.

The need of more publicity and a better understanding of true conditions by the public, would it seems, be a most powerful incentive to every Eclectic to make use of every opportunity to have the people and the lawmakers fully comprehend the fact that the very existence of the different schools of medicine is necessary.

It is our own fault if we do not inform the people with whom we mingle of the truth, namely, that our school of medicine came into existence in the name of and for the betterment of the people themselves.

The following is a list of the delegates duly authorized to represent their States at the National meeting at Dallas:

Arkansas.....V. E. Duren, Hot Springs.
California.....J. A. Munk, Los Angeles.
Connecticut.....
Colorado.....
Illinois.....R. J. Lambert, St. Charles.
Indiana.....W. P. Best, Indianapolis.
Iowa.....G. F. Severs, Centerville.
Kansas.....O. C. Baird, Chanute.
Kentucky.....Lee Strouse, Covington.
Georgia.....
Massachusetts.....
Minnesota.....
Missouri.....M. M. Hamlin, St. Louis.
Nebraska.....Amy Robinson, Hastings
New York.....T. D. Adlerman, Brooklyn.
Ohio.....B. W. Mercer, Tiffin.
Oklahoma.....E. G. Sharp, Guthrie.
Pennsylvania.....W. S. Glenn, State College.
South Dakota.....W. E. Daniels, Madison.
Tennessee.....M. M. Harvill, Nashville.
Texas.....M. E. Daniels, Honey Grove.
California Eclectic Medical College.....J. A. Munk, Los Angeles.
Cincinnati Eclectic Medical College.....J. K. Scudder, Cincinnati.
Nebraska Eclectic Medical College.....E. J. Latta, Kenesaw.

California has a delinquency of 34 per cent.
Connecticut has a delinquency of 43 per cent.
Georgia has a delinquency of 47 per cent.
Illinois has a delinquency of 73 per cent.
Indiana has a delinquency of 66 per cent.
Iowa has a delinquency of 40 per cent.
Kansas has a delinquency of 47 per cent.
Massachusetts has a delinquency of 29 per cent.
Michigan has a delinquency of 39 per cent.
Missouri has a delinquency of 54 per cent.
Nebraska has a delinquency of 67 per cent.
New Jersey has a delinquency of 42 per cent.
New York has a delinquency of 10 per cent.
Ohio has a delinquency of 66 per cent.
Oklahoma has a delinquency of 62 per cent.
Pennsylvania has a delinquency of 37 per cent.
South Dakota has a delinquency of 40 perent.
Tennessee has a delinquency of 57 per cent.
Texas has a delinquency of 60 per cent.
Wisconsin has a delinquency of 50 per cent.
Kentucky has a delinquency of 40 per cent.

There are several States which have not as yet reported and the estimate is not made up for them.

Respectfully submitted,
Wm. P. Best, M. D. Recording Secretary.

Report of the Treasurer as follows:

TREASURER'S REPORT FOR YEAR ENDING JUNE 1, 1913.

Receipts.

1912.		
June 1	By balance (cash on hand)	$1,859.63
June 21	By rebate on Quarterly (Mundy)	316.68
1913.		
June 1	By dues collected	2,474.50
	Total cash received	$4,650.81

Disbursements.

1912.			
Dec. 6,	warrant No. 237, J. K. Scudder, Membership Lists	66.00	
June 20,	warrant No. 224, J. P. Harvill, Nat'l Organizer		$200.00
July 15,	warrant No. 225, F. L. Wilmeth, Nat'l Organizer		200.00
Aug. 5,	warrant No. 226, J. T. Sibley, Nat'l Organizer		200.00
June 20,	warrant No. 227, E. G. Sharp, Nat'l Organizer		200.00
June 20,	warrant No. 228, W. N. Mundy, Nat'l Organizer		200.00
June 20,	warrant No. 229, W. N. Mundy, Exp. Nat'l Mt.	63.25	
June 20,	warrant No. 230, E. G. Sharp, P'st'ge & G'n. Ex.	121.35	
June 20,	warrant No. 231, W. P. Best, Salary, Trav. Exp.	282.05	
June 30,	warrant No. 232, W. P. Best, Sten., Bl. Cert. etc.	199.55	
Sept. 13,	warrant No. 233, W. P. Best, Statn'ry, Bonds, etc.	64.95	
Sept. 13,	warrant No. 234, W. N. Mundy, Sept. Quarterly	275.00	
Oct. 14,	warrant No. 235, Logan Co. Abs. Co. Treas. Bd.	10.50	
Nov. 9,	warrant No. 236, W. N. Mundy, Dec. Quarterly	275.00	
1913.			
Jan. 20,	warrant No. 238, W. N. Mundy, Mar. Quarterly	275.00	
	Total expense		$2,632.65
1913.			
June 1	By balance (cash on hand)		$2,018.16

Respectfully submitted,

DR. E. G. SHARP, *Treasurer.*

Referred to the Committee of Delegates.

Report of the Corresponding Secretary, as follows:

REPORT OF CHAIRMAN OF COMMITTEE ON ORGANIZATION.

To the National Eclectic Medical Association:

As Chairman of your Committee on Organization, I submit to you this brief report for your consideration. Soon after our last meeting, in conjunction with President Wilmeth, an organizer was selected in each of the States. I immediately attempted to get in touch with each of these men with the hope of securing their co-operation in either securing renewed interest in State Societies where such existed, in reorganizing dormant ones or in organizing where none existed.

To facilitate my work, I made a card index of all Eclectics in the United States, by States, and each one has received from me one or more letters during the past year, urging them to affiliate with their State and National

WM. T. BEST, M.D.

Recording Secretary N. E. M. A.; re-elected for the seventh time at Dallas, Texas.

organization. Some of the State organizers were not members of our National body. Some of course lived in States where no State organization existed and could not be interested, and some living in States where there were State societies, to which they belonged, would not even deign to reply to my letters.

The most active responses were received from the States of Arkansas, California, Illinois, Indiana, Wisconsin, New York, Missouri, Ohio, Georgia and Texas. It will be noted that this list represents those States best represented in our National and strongest in Eclecticism. The work performed through the aid of the State organizers in California, Illinois, Missouri, New York and Georgia was exceedingly thorough and I believe bore results. I do not know how a more active campaign could be made than was made in the States named.

To the State organizers and in some instances to the State Secretaries, as well, I furnished alphabetical lists of the Eclectics in their States, giving their college affiliation and address. Of course some of the names furnished were not eligible to membership, of which fact I could not have knowledge, only through the State Secretaries, so lists were compared and the ineligibles marked as best we could. Some of our men had affiliated with other societies and many by reason of isolation preferred to do so. In Washington, Oregon, Montana, Idaho, New Mexico, North Dakota, Minnesota, Wyoming, Nevada and some of the Southern States as Alabama, Mississippi, Louisiana, etc., we have but few Eclectics. This holds true of the New England States, as well, save only Massachusetts. In these States I have advised them to organize and maintain separate societies, but to do as they do in South Dakota, if possible, hold conjoint meetings with the Homeopathic Societies. It would inure to the benefit of both schools and make their society meetings more interesting.

West Virginia has within its borders many Eclectics and some strong, worthy men, but for some reason their society is on the wane. It needs nurture and good care and I fancy infusion of some new blood. I commend this State to your care.

Possibly my report would be incomplete did I not touch some on medical legislation. Probably I am trespassing upon the work of other committees. I can not forbear, however. It is time physicians are awakening to the conditions presented by freak legislation. In many States laws are being enacted permitting the practice of any and all cults untrammeled, no one hurt, save only the law abiding physician. He must be educated and examined, to which I take no exception, but after fulfilling these requirements he ought not be continually harassed by laws curtailing his freedom and limitations. In some States laws have been introduced under the guise of limiting the abuse of narcotics, which seriously interfere with the physician in his legitimate work. In others, forbidding his dispensing his remedies unless a registered pharmacist. In one, forbidding him using any osteopathic manipulations. And now along comes our Chicago crowd again and proposes

to compel us all to be examined by a self-appointed examining body as to our fitness to practice surgery. Last, but not least, the Owen Bill is to loom up again. Personally I am inclined to think it is time for us to appeal to the courts for protection against this freak legislation and these self-appointed councils, foundations, inspecting and examining bodies. We are personally responsible for the condition existing, by quietly acquiescing to these infringements in the beginning. I verily believe there is some protecton for us by a resort to the courts. If by no other means, it would be through our Constitutional rights as citizens and taxpayers. I am afraid the 14th amendment is being seriously fractured.

In conclusion, I submit my financial report:

To Lancet-Clinic for printing	$ 21.50
For expressage, postage, etc	169.35
Total	$190.85

I was authorized to expend not to exceed $250.00 in this work. I have written more than six thousand letters during the past year. Every Eclectic not in active work has received one or more letters from me, and even many of the most active ones received one or more.

Respectfully submitted,
W. N. MUNDY.

Referred to the Committee of Delegates.

REPORT OF THE EDITOR.

To the National Eclectic Medical Association:

In presenting to you my fourth annual report, as Editor of the QUARTERLY and Corresponding Secretary, it must, of necessity, be largely a financial one. My work being largely in an editorial line is thus open to the inspection of all. It merely remains for me to submit the financial exhibits:

FIRST QUARTER, JULY 1, TO SEPTEMBER 1, 1912.

RECEIPTS.

Subscriptions from Treasurer Sharp	$275.00	
Adlerman, reprints	2.00	
Advertising, less postage and expenses	111.12	
Total		$388.12

EXPENDITURES.

Lancet-Clinic Company, Printing Quarterly	$229.67	
Job work, bill heads, etc	4.50	
Reprints	3.75	
Editor's Salary	75.00	
Total		$312.92
Balance for Quarter		$ 75.20

SECOND QUARTER, OCTOBER 1, 1912, TO JANUARY 1, 1913.

RECEIPTS.

Subscriptions from Treasurer Sharp	$275.00	
Dues received from Drs. Couch, Jamieson and Werner.	8.00	
Advertising, less postage, wrappers, etc	96.26	
Total		$379.26

EXPENDITURES.

Wm. P. Best for Drs. Couch, Jamieson and Werner	$ 8.00	
Emerson W. Price & Company, supplies	5.00	
Lancet-Clinic for printing Quarterly	169.23	
Lancet-Clinic for job work	9.06	
Editor's Salary	75.00	
Total		$266.29
Balance for Quarter		$112.97

THIRD QUARTER, JANUARY 1, 1913, TO APRIL 1, 1913.

RECEIPTS.

Subscriptions from Treasurer Sharp	$275.00	
Other subscriptions	2.00	
Adlerman, reprints	2.00	
Advertising, less postage, express, etc	110.81	
Total		$389.81

EXPENDITURES.

Lancet-Clinic for printing Quarterly	$200.60	
Lancet-Clinic for reprints	1.25	
Editor's Salary	75.00	
Stenographer, one year, January, 1912, to January, 1913.	100.00	
Total		$376.85
Balance for Quarter		$ 12.96

FOURTH QUARTER, APRIL 1, 1913, TO JUNE 1, 1913.

RECEIPTS.

Subscriptions from Treasurer Sharp	$275.00	
Other subscriptions	1.00	
Advertising, less postage, etc	95.41	
Total		$371.41

EXPENDITURES.

Lancet-Clinic for printing Quarterly	$214.20	
Lancet-Clinic for reprints	10.50	
Editor's Salary	75.00	
Total		$299.70
Balance for Quarter		$ 71.71

RECAPITULATION.

RECEIPTS FOR YEAR.

Subscriptions from Treasurer Sharp	$1,100.00	
Other subscriptions	3.00	
Dues received by me	8.00	
For reprints	4.00	
Advertising, less mailing expenses	413.60	
Total		$1,528.60

EXPENDITURES FOR YEAR.

Printing Quarterly, four issues	$ 813.70	
For reprints	15.50	
For job work and supplies	18.56	
To Secretary Best for dues	8.00	
Editor's Salary	300.00	
Stenographer	100.00	
Total		$1,255.76
Balance for year		$ 272.84

The receipts from advertising are $26.06 less than last year.
Miscellaneous subscriptions..... 5.00 " " " "
Reprints ..... 4.25 " " " "
Total $35.31
The Quarterly cost..... $19.01 more than last year.
Job work and reprints..... 24.06 " " " "
Express, supplies, etc..... 3.79 less " " "
Making a net increased expense of $74.59.

We have printed 1,500 copies of the QUARTERLY. It contains 400 pages of reading, exclusive of advertising, whilst last year it contained 356 pages, exclusive of advertising pages. The net cost to each member, based on 1,295 members, has been about 96 cents, each.

Respectfully submitted,
W. N. MUNDY.

REPORT OF THE BUSINESS MANAGER OF THE QUARTERLY.

As Chairman of the Advisory Committee of the QUARTERLY. I have had charge of the business affairs in Cincinnati, entering of the QUARTERLY as second-class mail matter, advertisements and final proofreading, and mailing from the Cincinnati postoffice.

Recording Secretary Best provides me with the names and addresses of paid members, and other subscriptions, to whom the QUARTERLY is

mailed. The following is an accurate list of the exchanges, advertisers, paid members and subscribers, by years:

State	Advertisers and Echanges	Paid 1914	1913	1912	1911	Back 1910
Foreign	...	1	...	...	...	...
Alabama	...	...	2	1	1	1
Arizona	...	...	...	...	...	1
Arkansas	...	5	33	14	6	9
California	6	7	59	11	4	11
Canada	2	...	...	...	...	1
Colorado	1	...	4	4	4	4
Connecticut	1	16	8	6	4	3
Florida	...	1	3	5	2	...
Georgia	...	...	39	21	21	8
Idaho	...	...	2	1	...	...
Illinois	7	12	49	18	11	27
Indiana	2	25	25	15	5	25
Iowa	...	1	19	8	2	11
Kansas	1	2	17	34	9	12
Kentucky	...	17	5	6	1	5
Louisiana	1	...	...	...	...	2
Maine	...	...	2	...	...	2
Maryland	1	...	...	...	...	...
Massachusetts	3	2	13	3	4	3
Mexico	1	1	1	...	...	...
Michigan	5	...	11	2	...	4
Missouri	11	7	68	21	15	19
Nebraska	...	...	39	26	10	3
Nevada	...	...	1	1	...	...
New Hampshire	...	1	1	...	...	...
New Jersey	1	1	3	7	2	1
New Mexico	...	...	1	1	...	...
New York	20	108	41	11	4	10
North Carolina	1	...	...	...	...	...
North Dakota	...	...	...	1	...	...
Ohio	11	74	101	25	13	9
Oklahoma	1	...	15	13	12	5
Oregon	1	...	2	1	1	2
Pennsylvania	15	...	32	15	1	4
South Dakota	...	1	9	4	3	...
Tennessee	...	...	13	7	1	2
Texas	2	1	54	27	14	4
Utah	...	1	1	...	...	2
Vermont	...	...	1	...	...	...
Virginia	1	...	...	...	...	...
Washington	...	2	...	...	...	1
West Virginia	1	1	3	5	7	1
Wisconsin	...	...	8	5	1	4
Wyoming	...	...	1	2	...	...
Total	97	288	686	321	158	199

One thousand two hundred and ninety-five copies of the June, 1913, issue were mailed to members in good standing, 97 copies to publishers and advertisers, exchanges, and about 90 copies to non-members as sample copies. One hundred and ninety-nine members delinquent for 1910 and previous were dropped from the mailing list two years ago. The 158 members who were

paid for 1911 were dropped last September, and the 321 members who are now paid only to June 1, 1912, must be dropped from the mailing list on August 1, unless they pay up two full years' dues to both State and National, through their State officers to the National Secretary, Dr. Best.

This is in strict accord with the rules of the postoffice authorities and the mailing of second-class matter, as journals can not be mailed to delinquents longer than one current year.

I trust all the various secretaries will make an effort to secure a larger proportion of reinstatements from this list of 321 delinquents, as it is much too large a number for us to lose at one time. It is rather difficult for us to increase our advertising patronage very much, but if the various members will take occasion to recommend the QUARTERLY when writing and ordering goods from the various manufacturers, it would be a decided assistance.

Respectfully submitted,

JOHN K. SCUDDER,
Business Manager.

Referred to the Committee of Delegates.

Roll of the Standing Committees was called and the absentees' places filled, so that the committees were as follows:

Committee on Finance.—R. L. Thomas, M.D., Cincinnati, Ohio, Chairman; J. C. Mitchell, M.D., Louisville, Ky.; H. H. Helbing, St. Louis, Mo.

Committee on Press and Publication.—M. A. Cooper, M.D., Leakey, Texas, Chairman; H. H. Blankmeyer, M.D., Aransas Pass, Texas; L. V. Bates, M.D., Malone. Texas.

Committee on Necrology and History.—H. W. Felter, M.D., Cincinnati, Chairman; A. W. Dunlap, M.D., Des Moines, Iowa; J. D. McCann, M.D., Monticello, Ind.

Committee on Legislation.—L. S. Downs, M.D., Galveston, Texas, Chairman; Finley Ellingwood, M.D., Chicago, Ill.; J. A. Munk, M.D., Los Angeles, Cal.; H. Stoesser, M.D., New York City, N. Y.

Committee on Arrangements and Entertainment.—J. K. Scudder, M.D., Cincinnati, Ohio, Chairman; H. H. Blankmeyer, M.D., Aransas Pass, Texas; M. E. Daniel, M.D., Honey Grove, Texas; Rosa B. Gates, M.D., Waco, Texas; T. D. Adlerman, M.D., Brooklyn, N. Y.

Committee on Credentials.—E. J. Latta, Chairman; H. H. Helbing, M.D. St. Louis, Mo.; Rosa B. Gates, M.D., Waco, Texas.

Committee on Grievances.—W. E. Daniels, M.D., Madison, S. Dakota, Chairman.

Report of the Committee on Conference with Homeopaths, by Dr. J. K. Scudder, as follows:

Memorandum of the conference held by committees of the A. I. H. and the N. E. M. A., at Chicago, February 25, 1913.

Present for A. I. H.—Chairman Schenck, of Brooklyn; Tenney, of Chicago; Beebe, of Sidney, Ohio; Copeland, of New York.

Present for the N. E. M. A.—Chairman Thompson, of New York; Scudder of Cincinnati; Secretary J. P.Harvill, of Nashville; R. L. Thomas, of Cincinnati, and F. L. Wilmeth, of Lincoln, Neb., *ex-officio.*

Dr. Scudder presented statistics showing names, addresses and year of College graduation of all Homoeopaths and Eclectics on 26 composite medical examining boards. Of the 29 homoeopathic members, 10 did *not* belong to the A. I. H., and of the 30 Eclectics, 11 did *not* belong to the N. E. M. A.

It was decided to carefully check this list and refer same back to Chairmen Schenck and Thompson, and have them correspond with the 21 delinquents and strongly urge each man to join in National *before* the next annual meeting.

We would conclude that all who *do* belong are with us, and all who do *not* are at least *lukewarm* to our cause.

Final lists in detail to then be offered to both national conventions for publication in all Homoeopathic and Eclectic journals to bring moral pressure on delinquents.

It was also suggested that we furnish each other any information we might obtain in regard to the regulations or personnel of either of our members on any medical examining board, where such information is of mutual interest and advantage.

A table was also presented showing that recent tabulations of the A. M. A. Council on Medical Education was clearly in the interest of colleges having university affiliations and against independent colleges.

It was resolved to ask the A. I. H. and the N. E. M. A. to continue these two conference committees to meet again to consider matters we may have in common in 1914.

J. K. SCUDDER,
Secretary of Meeting.

MIXED BOARDS.

Arizona	E.—R. M. Tafel, Phoenix	(Bennett 95)	Not.
	H.—John W. Thomas, Phoenix	(Chic. Hom. 91)	Not.
California	E.—Chas. Clark, San Francisco	(Bennett 93)	Yes.
	E.—W. M. Mason, Lodi	(Cal. Ecl. 91)	Yes.
	H.—W. H. Stiles, San Bernardino	(Hahn. Chic. 78)	Yes.
Colorado	H.—David H. Strickler, Denver	(Hahn. Phila. 81)	Yes.
	L. E. Bartz, Windsor,	(Denver, Hom. 03)	Not.
Idaho	E.—Russell Truitt, Cottonwood	(Cin. Ecl. 77)	Not.
	H.—J. F. Schmershall, Jerome	(Hahn. Chic. 04)	Not.
Illinois	E.—W. R. Schussler, Orland	(Bennett 89)	Yes.
	H.—P. H. Wessel, Moline	(Hom. St. L. 71)	Yes.
Indiana	E.—M. S. Canfield, Frankfort	(Cin. Ecl. 89)	Yes.
	H.—W. T. Gott, Crawfordsville	(Cin. Ecl. 78)	Not.
Iowa	E.—G. F. Severs, Centerville	(Cin. Ecl. 89)	Yes.
	H.—E. E. Richardson, Webster City	(Ia. Hom. 95)	Yes.
	H.—H. A. Huntoon, Des Moines	(Ia. Hom. 96)	Yes.
Kansas	E.—A. S. Ross, Sabetha	(Neb. Ecl. 96)	Yes.
	E.—F. P. Hatfield, Olathe	(Cin. Ecl. 86)	Yes.
	H.—L. A. Ryden, Topeka	(Hahn Chic. 83)	Not.
	H.—H. A. Kendall, Great Bend	(Hering, Chic. 01)	Not.
Kentucky	E.—G. T. Fuller, Mayfield	(Cin. Ecl. 89)	Yes.
	H.—C. A. Fish, Frankfort	(Lo. Hom. 01)	Not.
Massachusetts	E.—A. L. Chase, Randolph	(Cin. Ecl. 72)	Yes.
	H.—S. H. Calderwood, Boston	(Boston Univ. 75)	Yes.
Michigan	E.—Wm. Bell, Belding	(N. Y. Ecl. (U. S.) 80)	Not.
	E.—G. W. Nafe, Fremont	(Bennett 86)	Yes.
	H.—J. H. Cowell, Saginaw	(Univ. Mich. 71)	Yes.
	H.—Bret Mottingham	(N. Y. Hom. 01)	Not.

Missouri	E.—I. W. Upshaw, St. Louis	(Amer. St. L. 89)	Yes.
	H.—L. E. Bunte, St. Louis	(Hom. St. L. 98)	Yes.
Nebraska	E.—H. B. Cummins, Seward	(Ecl. Lincoln 85)	Yes.
	H.—E. A. Carr, Lincoln	(Hahn. Chic. 97)	Yes.
Nevada	E.—S. L. Lee, Carson City	(P. M. Cin. 70)	Not.
New Jersey	E.—D. P. Borden, Paterson	(N. Y. Ecl. 72)	Yes.
	H.—C. A. Groves, E. Orange	(N. Y. Hom. 81)	Yes.
	H.—A. E. Neblarker, Morristown	(N. Y. Hom. 71)	Yes.
New York	E.—Earl H. King, Saratoga Springs	(N. Y. Ecl. 98)	Yes.
	H.—F. S. Farnsworth, Plattsburg	(Hahn. Phila. 85)	Not.
Ohio	E.—S. M. Sherman, Columbus	(Cin. Ecl. 75)	Yes.
	E.—S. Schiller, Youngstown	(Cin. Ecl. 70)	Yes.
	H.—L. E. Siemon, Cleveland	(Clev. Hom. 96)	Yes.
	H.—T. A. McCann, Dayton	(Hahn. Phila. 89)	Yes.
Oklahoma	E.—R. E. Sawyer, Durant	(Cin. Ecl. 95)	Yes.
	E.—Melvin Gray, Mountain View	(Kas. City 90)	Yes.
	H.—W. L. Bormell, Chicasaw	(Clev. Hom. 07)	Yes.
Oregon	E.—H. L. Henderson, Astoria	(Cin. Ecl. 82)	Yes.
	H.—H. S. Nichols, Portland	(Hahn. Phil. 95)	Yes.
Pennsylvania	E.—C. L. Johnstonbaugh, Bethlehem	(Cin. Ecl. 87)	Yes.
	H.—D. P. Maddux, Chester	(Hahn. Phil. 83)	Yes.
	H.—W. A. Stewart, Pittsburg	(N. Y. Hom. 94)	Yes.
South Dakota	E.—Wm. E. Daniels, Madison	(Bennett 86)	Yes.
	H.—L. J. Hill, Watertown, Sec.	(Chic. Hom. 89)	Not.
Tennessee	E.—W. L. McCreaky, Knoxville	(Clev. Hom. 73)	Yes.
	E.—C. B. Simmons, Granville	(Cin. Ecl. 90)	Yes.
	E.—G. W. Johnsen, San Antonio	(Cin. Ecl. 83)	Yes.
Texas	E.—M. E. Daniel, Honey Grove	(Cin. Ecl. 88)	Yes.
	H.—T. J. Crowe, Dallas	(Hom. St. L. 87)	Yes.
	H.—H. C. Morrow, Austin		
Utah	E.—C. L. Olsen, Murray	(Cin. Ecl. 98)	Not.
	H.—F. E. Stroup, Bighorn	(Hahn. Chic. 95)	Not.
West Virginia	E.—C. W. Halterman, Clarksburg	(Cin. Ecl. 89)	Not.
Wisconsin	E.—F. C. Haney, Watertown	(Bennett 07)	Yes.
	E.—A. B. Bailey, Fennimore	(Bennett 89)	Yes.
	H.—M. A. Barndt, Milwaukee	(Chic. Hom. 93)	Yes.
Washington	H.—E. W. Young, Seattle	(Minn. Hom. 89)	Yes.

(On the above twenty-seven Composite Boards, of thirty-one Homeopathic members, ten do not belong to the A. I. H. Of the thirty Eclectics, six do not belong to the N. E. M. A.)

Referred to the Committee of Delegates.

The convention was extended a warm invitation to view the city from the top of the Praetorian Building; after several other announcements the session adjourned until 2:00 P. M.

Thursday Afternoon Session.

The meeting was called to order by the President, who immediately resigned the chair to Dr. Lambert, after the appointment of committees and some announcements. The new chairman called immediately for the President's Address, which was listened to with close attention and given hearty applause (printed in this number).

It was announced that the Section of Materia Medica and Therapeutics had been substituted for Surgery, and that the former would be taken up at once. Dr. R. J. Lambert, therefore, took the chair, and, in the absence of Dr. Harvey W. Felter, called on Dr. R. L. Thomas, of Cincinnati, for an oration on Eclecticism of To-day (printed in this issue).

SECTION ON MATERIA MEDICA AND THERAPEUTICS.

Dr. R. J. Lambert, St. Charles, Ill., presiding.

Dr. R. L. Thomas, address, "Eclecticism of To-day."

Dr. W. N. Mundy, "Specific Medication, Symptomatology, Meaning," Etc.

J. U. Lloyd, "Selection, Preparation and Chemistry of Drugs."

W. P. Best, M.D, "Clinical Versus Laboratory Investigation."

E. H. Stevenson, M.D., "Bedside Study More Valuable Than Laboratory."

Finley Ellingwood, M.D., "Report on Progress in Drug Study."

Richard J. Lambert, M.D., "Therapeutic Nihilism."

W. W. Wimer, M.D., 'Specific Medication in Infectious Diseases."

C. Woodard, M.D., "Specific Medication in Chronic Diseases."

M. F. Bettencourt, M.D., "Gelsemium in Midwinted Diseases."

J. C. Mitchell, M.D., "The Use and Abuse of Alcohol."

This section occupied the afternoon and evening sessions of Thursday.

A committee which had been appointed on a clinical case reported through Dr. Adlerman, of New York:

This is a case of a young girl suffering from convulsions. The doctor in charge found a dilated cervix and inflamed condition of the sexual organs, and the case grew rapidly worse. He brought her here. We have had no opportunity to examine her closely, but we find that the girl is a masturbator of a very heavy type. She denied this at first but now admits it. Her symptoms are those of epilepsy, in which she can foretell the attack. She has the headache and the heavy epileptic slumber. This hurried diagnosis takes for granted that the symptoms as detailed by the attending physician are correct. We did not look to the condition of the ovaries or the clitoris, as would be necessary if we were to treat her; but, taking for granted that the symptoms are correct as given to us, we diagnose her trouble as epilepsy due to masturbation. What can we do for her? We did not agree as to the treatment, and I can only outline my own. I would first pay attention to the alimentary tract, and cleanse that well before administering any drugs. Then I would avoid all salt in her diet—would remove all salt food, like fish, bacon, etc. Then I would advise tincture of staphysagria and stramonium for the masturbation, and solanum for the convulsions. Give also a little iodide of sodium. If the indications are correct, she should improve steadily.

Dr. Lambert: In closing this section, we want to compliment especially Dr. Bettencourt's paper. If all our papers showed his careful research and care, our meetings would be of even greater value to us.

Adjourned.

Friday Morning Session.

Business meeting. President Wilmeth in the chair. Resolution by R. J. Lambert, as follows:

Resolved, That a State Secretary's Conference be called by the National Secretary for each annual meeting of the Association, and a program arranged that will tend to instruct and assist all State Society Secretaries in more uniform methods of attending to their duties and keeping in touch with the National Secretary, and the recommendations made by him.

Referred to the House of Delegates.

Resolution by R. J. Lambert, as follows:

Resolved, That the report of the Special Committee on Emblem which was laid on the table at the last meeting be referred back to the House of Delegates for further action.

Referred to the House of Delegates.

Resolution by Dr. W. N. Mundy, as follows:

The National Eclectic Medical Association in session in the city of Dallas, Texas, adopts the following:

WHEREAS, There is a disposition on the part of certain members of the medical profession to insist on the creation of a Department of Health, notwithstanding the movement has met with defeat several times, and

WHEREAS, We believe the only object of the movement is the ultimate creation of state medicine, and that it will ultimately place in the hands of politicians the welfare and health of the people with the uncertain and evil results of such a condition, which we believe would be unfortunate to the best interests of the people and would destroy one of the most efficient and useful branches of our service, viz., the Public Health Service.

Therefore be it Resolved, That we, as members of the Association, denounce the efforts to create either a Department or Bureau of Health, but would suggest to our representatives in Congress, that they increase the efficiency of the Public Health Service, either by monetary or moral support, or both, so that they may pursue their work, even with greater zeal, if possible, in the future than in the past, and which work has been eminently successful in bettering the physical conditions of our own as well as other nations, as is witnessed by their work in the Canal Zone, Cuba, Porto Rico, Manilla, California, and in the South.

Referred to the House of Delegates.

Resolution by Dr. J. C. Mitchell, as follows:

Resolved, That hereafter the National Eclectic Medical Association pay the postage and expenses of the section officers.

Referred to the House of Delegates.

President Wilmeth: This is a great event in the Association that Prof. John Uri Lloyd, the old teacher of many of us, is to speak to us for an hour on "The Good of the Cause." I do not need to tell you what a treat this will be. Gentlemen, Prof. Lloyd (address printed in this issue).

Report of the House of Delegates, as follows: Dr. T. D. Adlerman on Address of the President:

We, the Committee on the President's Address recommend that same be spread in our minutes and published in full in the September issue of the QUARTERLY.

We recommend that the editor of the QUARTERLY call special attention of the readers to this address.

T. D. ADLERMAN, Chairman,
LEE STROUSE.

Approved and ordered printed in the QUARTERLY.

Dr. O. C. Baird, on the Report of Committee on Conference between the Homeopaths and Eclectics. as follows:

We, the undersigned committee, regularly appointed by the chairman of the Executive Committee of the National Eclectic Medical Association assembled for the express purpose of reviewing and reporting upon the submitted report under date of February 25, 1913, of the Eclectic-Homeopathic Joint Committee, duly appointed by their respective societies assembled, beg to report as follows:

That we heartily endorse each and every one of the recommendations contained therein.

That we further recommend that after a reasonable time and due notice, then if said ten delinquent members, or any part thereof, fail to place and keep themselves in good standing in their respective State and National Societies, that said member be requested to resign his position as a member of the State Examining or Board of Health of his State.

Be it further recommended that in case such action is not voluntarily taken by said delinquent member, said committee shall forthwith kindly notify the executive head of any State having such board that the Eclectic Medical School of such State is not represented according to law or the spirit thereof.

Respectfully submitted,
O. C. BAIRD, Chairman,
W. E. DANIELS.

Report adopted.

SECTION ON OBSTETRICS.

Dr. Rosa Gates, presiding; later, Dr. J. P. Harvill.

H. H. Helbing, M.D., "Douches After Labor."

M. F. Bettencourt, M.D., "Third Stage of Labor."

Amy Robinson, M.D., "An Unusual Case in Obstetrics."

Section adjourned.

FRIDAY AFTERNOON SESSION.

SECTION IN SURGERY.

E. G. Sharp, M.D., chairman in charge.

C. F. Wilmeth, M.D., "Sarcoma."

H. H. Helbing. M.D., "Hernia."

SECTION IN ORIFICIAL SURGERY.

M. M. Hamlin, M.D., presiding.

H. Michener, M.D., "Orificial Experiences."

H. H. Helbing, M.D., "Pelvic Abscess."

D. E. McCarty, M.D., "Results of Orificial Surgery."

Adjourned until 8:00 P. M.

FRIDAY EVENING SESSION.

SECTION ON NERVOUS AND MENTAL DISEASES.

Dr. Theo. D. Adlerman, presiding.

Theo. D. Adlerman, M.D., "Alcoholic Insanities."

A. M. Givens, M.D., "Types of the Nervous Unfit."

W. H. Morse. M.D.. "Nervous Democracy."
Theo. D. Adlerman, M.D, "Chorea."

SECTION ON PUBLIC HEALTH.

J. A. Munk, M.D., presiding.
J. A. Munk, M.D., "Acidosis."
Edith Lowry Lambert, M.D., "Eugenics."
Amy Robinson, M.D., "The School Physician, Who Shall It Be?"
Adjourned.

SATURDAY MORNING SESSION.

President Wilmeth presiding.
Business meeting.
Report of the House of Delegates.

Dr. W. E. Daniel, report of Committee on Organization, as follows:

Relative to the report of the Committee on Organization. we note and recommend the adoption, without comment, on pages one and two. In regard to subject matter on page three of said report, we would suggest in regard to subject matter contained in the first eight lines, that the wrongs and injustices intended to be perpetrated upon the law-abiding physicians be resented openly, and all honorable means be used to call the attention of our Legislatures and Congress to such wrongs, that they may never receive legal sanction, and where they do receive such, that we resort to the courts to secure justice.

We recommend that not to exceed $250.00 be appropriated for the purpose of carrying on the work of this committee and assisting the state organizers of the various states in carrying on the necessary work of Eclecticism.

We also recommend that this committee, when possible and practicable, ask the assistance of members of the societies of other states to visit and help in the better organization of our various state societies.

With these recommendations our report is respectfully submitted.

GEO. H. TRUAX,
W. E. DANIELS.

Dr. J. K. Scudder reported from the House of Delegates favorably upon the resolution relating to a meeting of the state secretaries.

Report adopted.

Dr. M. M. Hamlin, report of the Business Manager of the QUARTERLY, as follows:

Your committee, to whom was referred the report of the Advisory Committee of the QUARTERLY, desire to commend the comprehensive, yet brief report, and we recommend that the same management of the QUARTERLY be continued for the ensuing year.

We suggest that this report be spread upon our minutes and that the same be published in the QUARTERLY.

Adopted.

M. M. HAMLIN, Chairman,
W. S. GLENN.

Dr. J. K. Scudder offered the following amendment to the Constitution and By-Laws:

Article III, Membership.—The last line shall read: "Those uniting from states where there is no state medical society, the annual per capita tax shall be *two* dollars."

BY-LAWS.

Article I, Membership—Section 11. Last line shall read: "Their per capita tax shall be *two* dollars."

Article II, Section 1, shall read: "Persons who reside in states where there is no State Eclectic Medical Society shall pay a fee of *two* dollars as annual dues, to be remitted to the secretary of this Association."

Laid over for a year without debate.

Dr. R. J. Lambert offered the following amendment to the Constitution:

Article VII of the Constitution. This Association shall convene in annual session at 10 o'clock A. M. on the third Tuesday of June in each year, and at such place as shall have been designated.

The Executive Committee, however, shall have power to change time and place in case an emergency shall arise that makes such change necessary or expedient. The period of each annual session shall be three days or more.

Twenty-five members, representing at least five states, shall constitute a quorum for the transactions of business.

Laid over for one year.

Dr. V. E. Duren, on report of editor, as follows:

We, the committee, find that Dr. W. N. Mundy has very judiciously expended the funds of the Association and recommend the adoption of this report and spread it on our minutes. And further recommend that the editor be allowed one hundred dollars for stenographic service.

V. E. DUREN, Chairman,
G. T. SEVERS.

Adopted.

Dr. B. W. Mercer, report on the treasurer, as follows:

Your Special Committee of Two do make the following report: We beg to commend favorably the treasurer's report of last year's work, feeling it is the best one we have had for many years, and can only speak in highest terms of the same.

B. W. MERCER, Chairman,
J. A. MUNK.

Report adopted.

The amendment to Article III, Section 11, offered by Dr. Hardy last year, was adopted, which reads as follows:

"All sub-committees appointed by them, together with their time and place of meeting, shall be posted. So that it shall read when amended: "They shall meet and organize on the first day of each annual session. All sub-committees appointed by them, together with their time and place of meeting, shall be posted."

SECTION ON PRACTICE.

FINLEY ELLINGWOOD, M.D., presiding.

L. S. Downs, M.D., "Diagnosis."

V. E. Duren, M.D., "Hot Water of Hot Springs for Pellagra."

M. F. Bettencourt, M.D., "Intestinal Colic."

Finley Ellingwood, M.D., "Shall We Add the Hormones to Our Materia Medica?"

Adjourned.

SATURDAY AFTERNOON SESSION.

Business meeting: Report from House of Delegates.

Report of Auditing Committee, as follows:

We, the Auditing Committee, have carefully audited the books of the treasurer and found them as follows:

Balance, 1912	$1,859.63	
Receipts from QUARTERLY for 1912	316.68	
Receipts from dues to June 1, 1913	2,474.50	
Total		$4,650.81
Disbursements from June 20, 1912, to June 1, 1913		$2,632.65
Balance, une 1, 1913		$2,018.16

We make the following recomendations:

First. That the fiscal years commence June 1, for all financial officers, including secretary, treasurer and editor.

Second. We recommend that the funds of the National Eclectic Medical Association be deposited in some bank that will pay interest on same.

We commend the officers for their efficient work.

J. E. MITCHELL, Chairman,
R. L. THOMAS,
E. J. LATTA.

Report adopted.

Report of Committee on Emblems, as follows:

We, the sub-committee to whom the matter of emblems was referred, wish to respectfully report the following:

We recommend that a committee of three be appointed by the President, of whom Dr. W. N. Mundy, editor of the QUARTERLY, shall be chairman, and they be authorized to secure a button or emblem as recommended and the same to be sold to members in good standing at a slight increase above cost, not to exceed $1.00. The Association to loan or advance enough money to purchase the same, not to exceed $75.00, and this money to be returned as soon as the sale of the button justifies.

DR. J. K. SCUDDER, Chairman.

Report adopted.

Committee on Entertainment and Exhibit report as follows:

Report of the Committee on Entertainment and Exhibits, pursuant to a standing resolution; we beg leave to submit the following report:

Owing to the distance our committee was apart, and but one member in Dallas, we decided not to attempt having drug exhibits.

The Texas members provided the street car ride by donations. Our receipts and disbursements are as follows:

Cash on hand from Washington meeting	$31.50	
Subscriptions	18.80	
Total		$50.30

EXPENDITURES.

Two hundred badges	$20.30
Two cars, two hours	30.00
Total	$50.30

No balance remaining.

Respectfully submitted,
J. K. Scudder, Chairman.

Report adopted.

SECTION ON GYNECOLOGY.

H. H. Helbing, M.D., presiding.

Lee Strouse, M.D., "Ovaritis."

W. W. Wimer, M.D., "Puerperal Eclampsia."

Rosa B. Gates, M.D., "Amenorrhoea."

R. J. Lambert, M.D., "The Doctrine of Prevention."

F. M. Bettencourt, M.D., "An Untractable Case of Dysmenorrhea."

E. H. Stevenson, M.D., "Adhesions and Neurasthenia."

Dr. Ellingwood: Gentlemen, I have a resolution to offer and request a few minutes of our time. Thirty-three years ago last Monday, a fine-looking man, with a long beard, stood up in convention and presented the Eclectic Medical Association with this gavel. He was Dr. Henry K. Stratford, of Chicago, the first President of the Association. Now, Dr. Stratford, ninety-five years old, sick and helpless, is lying on a bed in a suburb of Chicago, and will probably never rise again. No man in Eclecticism ever stood higher, nor has been more willing to give time and money to the cause. Up to the age of ninety-two, only a little over two years ago, he kept his place in his profession and earned a good income. Gentlemen, I present this resolution and beg to move its adoption:

Whereas, Among the members of this Association, who for years has taken the deepest interest in its welfare, have associated themselves with everything conducive to its advancement, and still retain a keen sense of its merit, value and importance, and are daily interested in all that pertains to its welfare, is Dr. Henry K. Stratford, of 236 South Waller Avenue, Austin, Chicago, one time President of this Association and the donor of the gavel, June 16, 1880, which has governed this Association for thirty-three years.

Dr. Stratford has reached the advanced age of ninety-tree years. He recently suffered from a fall, and since that time he has been unable to help himself.

Be it, therefore Resolved, That we extend to Dr. Stratford our most sincere expression of high appreciation for his past and continued interest in this Association, and also our sympathy for his present weakness, with our best wishes for a quick restoration and for a prolonged happy and restful continuation of these days of his long and useful life at this time, of which it is promised by He who is faithful to His promises, "It shall be light."

Adopted.

REPORT OF COMMITTEE ON CREDENTIALS.

ARKANSAS.

I. C. Ratteriel, Little Rock.
J. W. Shaw, Jersey.
W. M. Weatherall, Garnett.
V. E. Durand, Hot Springs.
F. M. Cullum, Hartman.

CALIFORNIA.

William A. Harvey, San Francisco.
Anna L. Bond-Hughs, Lindsay.
Geo. K. Osborn, Covelo.
Wm. P. Byron, Lemoore.
Geo. B. Abbott, Los Angeles.
Henry Y. C. Sprehn, Los Angeles.
Herbert T. Cox, Los Angeles.
Sidney A. Goyett, Santa Maria.
Franz S. Kurpiers, Los Angeles.
Geo. G. Gere, San Francisco.
Chas. Meland, Sacramento.
H. V. Prouty, McKitrick.
Geo. A. Meracle, Selma.
Hugo Foss, Los Angeles.
David J. Turner, Gridley.
W. H. Ballard, Pasadena.
Merritt M. Ring, Los Angeles.
Walter Caughey Fox, Kennett.
T. S. Young, Glendale.
Augusta S. DeAngelis, Los Angeles.
Wm. Carey Baily, Los Angeles.
Frederick Leix, Sonoro.
M. Blanch Bolton, San Pedro.
W. S. Gibson, Los Angeles.

CONNECTICUT.

A. J. Givens, Stamford.

FLORIDA.

B. H. Hamrick, Ocilla.

GEORGIA.

C. W. Adams, Atlanta.
J. L. Howell, Orange.
R. L. McClure, Kemosaul.
O. B. Walker, Bowman.
Harmon Snow, Decatur.
W. R. Register, Atlanta.
T. H. Maddox, Orchardsville.
S. F. Hagood, Marietta.
J. L. Howell, Orange.
R. L. McCleere, Kenesaw.
T. H. Maddox, Orchardsville.
J. H. Moore, Jr., Atlanta.

ILLINOIS.

L. A. Coley, Pittsfield.
Rose Howe, Chicago.
W. Hutson, Benton.
D. W. Dunn, DuQuoin.
H. F. Seymour, Hillsboro.
Wm. LeBoy, Chicago.
Carl Neilson, Chicago.
C. W. Mercerem, Chicago.
C. B. McCracken, Belvidere.

INDIANA.

Ernest R. Gengelback, Huntington.
J. J. Ogle, Ft. Wayne.

KANSAS.

John Allen, Latham.

KENTUCKY.

T. W. Kaufman, Owensboro.

MAINE.

Algernon Fossett, Portland.

MARYLAND.

Chas. Isaac Hammond, Baltimore.
Frank Ludela, Guantinamo, Cuba.
Hugh Broan, Baltimore.
F. J. Kennedy, Baltimore.
Geo. W. Fisher, Baltimore.
John Willis Stallings, Owings Mills.
Chas. Wm. Larrabee, Baltimore.

MASSACHUSETTS.

W. A. Perrins, Jamaica Plains.
A. L. Chase, Randolph.
Asa L. Pattee, Falmouth.
P. S. W. Geddes, Winchendon.

MICHIGAN.

H. A. Shafor, Detroit.
J. D. Stewart, Detroit.

MINNESOTA.

Francis E. Rufnail, Minneapolis.

MISSOURI.

Maxie Joy, Kansas City.
J. R. L. Marsh, Kansas City.
J. H. Rautert, Kansas City.
W. E. Smith, Pacific.
C. S. Wolfe, Kansas City.
C. F. Elkins, Gamma.
S. A. Bates, Piedmont.

NEW HAMPSHIRE.

L. C. P. Massicotte, Keene.

NEW JERSEY.

D. P. Borden, Patterson.

NEW YORK.

A. A. R. Baukowsky, New York City.
James Bernstein, Brooklyn.
S. W. Bower, Buffalo.
Percy C. Cripps, Buffalo.
John D. BeBeer, Brooklyn.
T. V. Foster, Caledonia.
Edwin Geisler, New York City.
Sarah Greenburg, Brooklyn.
Robert S. Hambleton, Buffalo.
Frederick Hill, Brooklyn.
H. Steinberg, New York City.
R. A. Toms, Kenmore.
V. Von Unruh, New York.
James Steele, Brooklyn.
Phil Jaeger, New York City.
A. E. Kyles, Buffalo.
S. A. Lewins, New York City.
E. Prout, New York City.
Otto H. Rhode, Brooklyn.
Henry Seligman, Brooklyn.
John Short, Buffalo.
M. I. Strahl, Brooklyn.
M. Sturn, New York City.
F. C. Washburn, Buffalo.
B. C. Andrews, Bay Shore, L. I.
F. J. Caliva, New York City.
C. A. Crispell, New York City.
F. A. Eggersman, New York City.
H. Feld, Brooklyn.
J. W. Phelan, Brooklyn.
H. C. Saunders, New York City.

OHIO.

W. H. Ambrose, New Petersburg.
James Croney, Columbus.
G. R. Curl, Edgerton.
John D. Estell, Cincinnati.
A. L. Faler, St. Johns.
Fred A. Grossman, Cleves.
A. G. Huffman, Elmwood Plae.
Norman Hull, Bladensburg.
C. S. Mundy, Forest.
M. S. Peterson, Cincinnati.
A. T. Rank, Cavett.
John B. Rosenburg, Lancaster.
T. T. Sidener, Lima.
R. W. Sharp, Buckland.
E. T. Skeels, Akron.
C. A. Stout, Cincinnati.
G. D. Smith, Albany.
Raymond Watkins, Blanchester.
H. F. Wiedman, Shadyside.
V. D. Viets, Youngstown.
C. J. Otto, Dayton.
R. W. Simmons, Cincinnati.
C. W. Tidball, Norwood, Cincinnati.

OKLAHOMA.

C. L. Amos, May.
William Kelley Morrison.
G. W. Seashulty, Oklahoma City.
G. S. Pettitt, Oklahoma City.
J. H. Taylor, Perkins.
S. J. Meredith, Duke.
T. A. Love, Ripley.

OREGON.

S. A. Davis-Bean, Salem.

PENNSYLVANIA.

T. A. Gambrell, Troy.
Louis R. McFarland, Transfer Merc. Co
A. Layman, Philadelphia.
R. E. Heacock, South Bethlehem.
I. M. Lupher, Pleasantville.
W. M. Throme, Mt. Joy.
S. S. Schreehen, Mt. Pleasant Mills.
J. W. Winzell, Donegal.
L. M. Gurley, Georgetown.
Darwin T. Powellston, Georgetown.
Geo. T. Sharp, Harrisburg.
W. O. Bunnell, Wilkes Barre.
D. W. Edwards, Washington.
W. J. Rouse, Williamsport.
Mrs. W. J. Rouse, Williamsport.
Francis E. Rouse, Williamsport.
Amos C. Reese, Williamsport.
G. C. Glenn, State College.
A. O. Barclay, Somerset.
A. D. Miller, Mt. Pleasant.
Alfred W. Hendrick, New Castle.
J. T. Lafferty, West Chickory.
John. W. Bealor, Ahamokin.
W. W. Taylor, Broad Top City.
H. O. Kingsley, Burlington.
H. T. Kinsman, Gillette.
Dr. Browman, Somerset.
Pery Raymond Meikrantz, Hazelton.
Byron C. Jones, Philadelphia.
Alexander J. H. Mackie, Philadelphia.
Chas. F. Flannery, New Castle.

TENNESSEE.

N. D. Wilson, Manchester.

TEXAS.

D. C. Arndt, Dallas.
J. C. Kelley, Stratford.
V. Millasich, Galveston.
T. M. Morgan, Childress.
Hugh V. Helbing, N. Ft. Worth.
J. W. Reynolds, Marysville.
T. H. Standlee, Edgewood.
I. H. LaMar, Texhoma.
S. T. Dodge, Corpus Christi.
G. Helbing, Dallas.
A. Helbing, Dallas.

UTAH.

C. M. Chandler, Salt Lake City.

WASHINGTON.

J. B. Crain, Pasco. John W. Cosford, Spokane.

E. J. Latta,
H. H. Helbing,
Rosa B. Gates,
Committee on Credentials.

The report of the House of Delegates on election of officers, as follows:

Members of the Association: Your Committee of Delegates met regularly with the following states represented: Arkansas, California, Illinois, Indiana, Kansas, Kentucky, Missouri, Nebraska, New York, Ohio, Oklahoma, Pennsylvania, South Dakota, Tennessee and Texas, and three colleges, California, Nebraska and Ohio; total, eighteen votes. The following officers were elected:

President, W. S. Glenn, M.D., State College, Pennsylvania.
First Vice-President, Rosa B. Gates, Waco, Texas.
Second Vice-President, W. E. Daniels, Madison, South Dakota.
Third Vice-President, O. S. Coffin, Indianapolis, Ind.
Recording Secretary, Wm. P. Best, Indianapolis, Ind.
Corresponding Secretary, W. N. Mundy, Forest, Ohio.
Treasurer, E. G. Sharp, Guthrie, Okla.
Next place of meeting, Indianapolis, Ind.

J. K. Scudder, Chairman,
Amy Robinson, Secretary.

Report adopted.

INSTALLATION OF OFFICERS.

Dr. Thomas: It affords me great pleasure to introduce to this body Dr. W. S. Glenn, of State College, Pennsylvania, our next President.

Dr. Munk: I am glad to introduce to you our First Vice-President elect, Dr. Rosa B. Gates from Waco. She has been a devoted Eclectic for years, has attended our conventions, and assisted in every way possible. I am glad to bring her before you as our Vice-President.

Second Vice-President not in the convention.

Dr. Downs introduced the "Hereditary Recording Secretary, Dr. Best."

Treasurer Dr. E. G. Sharpe introduced by Dr. Latta: "Who is the gentleman, please? I am sorry you people are not acquainted with Dr. Sharpe. I have just had the pleasure of naming him for this position for the seventh time. I think his service requires no further comment than his continued re-election."

Dr. Helbing: I have the honor of introducing to you Dr. W. N. Munay, the best corresponding secretary in the country. His work speaks for itself, like that of Dr. Best.

President Wilmeth: This convention is to be warmly congratulated on the men elected. I have to thank you all, gentlemen, for the many kindnesses and for your patience with me during the past year, and I thank especially these officers with whom I have worked. I wish for the new

officers that they may accomplish all that they hope to, during the year to come.

On call for speeches from the new officers, Dr. Glenn said:

"It is true that I have followed the convention all over the country, but I did not follow it for office. I can promise that I will do all in my power for you this year. These officers are not the masters of the convention, but the servants, and we want to help. You are to come to Indianapolis next year, and every man bring five more with him."

Dr. Gates: This has been an unexpected honor to me, but I assure you it is very highly appreciated. We certainly can not complain that our brethren of the medical profession have not room for us. The State Association feels keenly the honor of your coming to Texas this year, but next time, I want you to come to Waco. I thank you for your visit, and for the honor you have trusted to me, and I hope you will again come to Texas.

Dr. Best: I do not feel that it is very appropriate for me to speak now. I am more than mindful of the honor you have paid me, but I think you hear too much from me, as it is. Another year is coming, and I hope that in that year I may be able to be of service to each of you, and to the cause. I have tried to do the best I could, and with the assistance of the corresponding secretary and the other officers, I think we have done something for the National Society this year. I thank you most warmly.

Dr. Mundy: I do not know that I have anything to say except that I heartily appreciate the honor you have done me, and that I have only one object in view—to merit your approbation. There is only one way in which your officers can do good work, and that is with the co-operation of the members. Things sometimes happen during the year that you might find fault with, but a word of explanation would make it all right. I want your assistance this year with your publication. My office is that of editor, and I want all interesting items of news, and also prompt answers to my letters. I am a busy man, but I make it a rule to see that every letter that reaches me is answered that day. No matter how voluminous my correspondence, it gets attention the same day. Since coming to Texas I have been hearing from men who have not received their Quarterlies. This is not my fault, but is due to the fact that changes in address have not been brought to my attention. I shall appreciate it if you will advise me of any shortcomings in my office, and help me to correct them.

Dr. Sharp: I am not supposed to talk, fortunately, but to take care of the cash. I have been doing this for some time—not of my own choice, but because you seemed to want it. I will do it for another year, to the best of my ability. My aim in life is to see as much money paid in as possible, and I shall strive to that end, so that if my correspondence is a little suggestive, do not take it as a dun, but as a gentle reminder that I want you to get in good standing, and to stay that way. I thank you.

President Wilmeth: I understand that we neglected to appoint a Committee on Resolutions, and I will now appoint that committee.

Drs. Thomas, Munk and Latta were appointed, who offered the following:

Resolved, That we extend the thanks of this Association to the press of Dallas for their generous report of the several meetings of our Association.

To the Southland Hotel for the many courtesies extended us during our stay in their city.

To the Texas State Society for its entertainment and co-operation.

To the ladies for the floral offering and general interest in our work.

J. A. MUNK, *Chairman.*
R. L. THOMAS,
E. J. LATTA.

Report adopted.

Whereupon the National Eclectic Medical Association adjourned to meet in Indianapolis, June, 1914.

AMENDMENTS OFFERED.

Article III, of the Constitution to be amended in last line by substituting the word "Two" for Three, so that when amended it will read as follows: Those uniting from States where there is no State Medical Society, the annual per capita tax shall be Two Dollars.

Section 11 of Article I, of the By-Laws, when amended will read as follows:

Each State Eclectic medical society that is a member of this Association is entitled to send names of new members at any time to this Association. Credentials shall set forth his or her academic rank, the institution from which and the year in which he or she received the degree of Doctor of Medicine, and time during which he or she has been engaged in the practice; also the applicants presenting credentials as above, from States where there is no State Eclectic medical society, may, when recommended by the Committee on Credentials, be elected to membership in this Association, and their per capita tax shall be Two Dollars.

Article 11, Section 1, of the By-Laws will read amended, as follows:

State Eclectic Medical Societies that are members of this Association shall after the first year pay a fee of Two Dollars as annual dues per each member in good standing in said society, which shall be forwarded to the Secretary of this Association. Persons who reside in States where there is no State Eclectic Medical Society shall pay Two Dollars as annual dues to be remitted to the Secretary of this Association.

Past Presidents and other worthy members of this Association may, by a two-thirds vote at an annual session, be exempt from the payment of annual dues, but not from the duty of annually reporting place of residence; and members so exempted shall be designated as "exempt members." Also members of State societies that are members of this Association, who are exempted from dues in their State society, shall also be exempted from dues in this Association, but all "exempt members" who desire The National Eclectic Medical Association Quarterly must pay the subscription price of One Dollar annually, as the postal laws require.

PRESIDENT'S ADDRESS.

F. L. Wilmeth, M. D., Lincoln, Neb.

Ladies and Gentlemen:

Solomon said that all was vanity and vexation of spirit, and as such, one is at times prone to accept many if not all the honors that come to one, if one also accept with the honor, the responsibilities with which it is associated and entailed, and earnestly strives to fulfill them intelligently and satisfactorily. The honor of chief officer of this great society is attended with such great responsibilities that one familiar with them should well hesitate as to their fitness to properly administer them.

Personally, I feel that in a measure this has been accomplished, yet I am also conscious that one, after having become acquainted, in an executive capacity, with these great opportunities for good, would naturally, at all times and ever afterward be alert to assist in the advancement of the interests of the medical profession generally and particularly of the Eclectic School.

This great honor as an expression of the confidence of this body of people is more highly appreciated, probably, than the donors know, and while, as we said, a part of its responsibilities have been met there yet remains a great field for organization and progress that has hardly at this time been touched. I desire to leave with the Association a pledge to assist in this development—not personal—not professional alone, but financially as far as my ability will permit. I desire to express at this time my appreciation for the most efficient officialdom that I believe the society has ever had. Judging from the reputation that the profession has with relation to its carelessness in replying to communications, there have been very few instances where prompt and satisfactory replies have not been forthcoming, and when this has occurred decisive letters have at once emanated from the executive office. The bureau officers have worked faithfully and successfully and while we do not expect them to be satisfied with the results, as no doubt each expected to accomplish much more than they were able to, yet we trust their efforts will be fully appreciated by those in attendance. Our Southern members have succeeded nobly but no less so than those in other sections of the country and if they will try to remember they have the National organization to serve in their State every year, all the time, they and each of us who will so remember, will present to our neighbors a strong united and progressive profession to serve the best uses of the people. It is not that we are trying to outdo our neighbor, but many of us are admonished to so live that we shall outdo ourselves.

We have seen the accomplishment of the establishment of some new buildings for learning of our own particular methods, and have seen our methods of practice come into more extensive use than ever before, yet we have seen our organized forces in one State defeated by such methods of misrepresentation and unjust criticism that we have been tempted to take a position against all organized educational control by the State. We

trust that means will be found by the loyal alumni of that State to yet triumph and that the politico-medical authorities and their mal-administration of medical affairs might be so discomfitted as to bring them to realize the enormity of such offense. Yet we are in a great measure responsible for the present hysterical attacks on the profession, in that we have permitted grave wrongs to exist without properly correcting the course of public education, having only so-called professional men teach, importune or solicit practice, and have permitted these abuses to become so flagrant that we are compelled to submit to humiliation in order that our professional atmosphere might be cleared. We have permitted men who are in the profession to almost advertise the fact that they stood ready to testify in courts of justice, for money, to treat or mistreat anything or everything for money and even take the life of the unborn when a certain character of prestige or influence in certain quarters might be secured.

When the Eclectic school was organized it was in response to a conscientious desire on the part of a number of well educated and intelligent physicians to bring about a better and more humane system of practice. their object was not to overturn the medical profession, to displace it with a new untried idea or theory, but out of the means God had then prepared in various ways, make a more intelligent use of them. They did not disregard those good things that were then found in other schools of the time, but recognized the greater usefulness, a greater responsibility and a greater view than was at that time apparent in the profession.

One need only ponder that there were other factors that entered into the new structure builded by our forefathers than merely a successful doctor in securing a large clientele and the accumulation of money. The means of practice and materia medica were not properly studied, nor classified; the different and differing means and methods were not practical and yet these were not lost sight of, but were revised and improved and refined and are found yet to remain as elements of practice, but their specific uses so carefully outlined that they were not only made reliable but certain, when properly applied, and successful results have followed. Note the large number of useful means and time-tried remedies common to all, and the unqualified acceptance by them of the dietetic methods almost entirely of the Homeopathic school. The careful consideration and careful study and application of hydro-therapy, climatology, hygiene, mechanical therapy, and the laws of eugenics as applied to the prevention and relief of diseases. The acceptance at once of electro-therapy, and later has arisen other remedies and means of treatment which should be properly studied and accorded proper places in our therapeutic armamentaria.

Our position to-day is unassailable and if we are to maintain our individuality as conservers of the faith, as leaders in the therapeutic field, we must adhere to that which and for which we owe our existence; the intelligent use of all that nature and art has created for the benefit of the sick. We must have an acute perception of our exact limitations; we must be large in vision; we must not assume that the investigations of a few men

in the great field of medicine will either be satisfactory or conclusive. We must be able to complete the system that does now appeal to the entire profession.

Now you will not say that I am recommending that we lay down the pleasant burden that we have assumed, together with our labors and those of our forefathers, and the many good things which have been accomplished. No, we are not wishing to do anything of the kind, we are not accepting anything that comes to us, except that it is clearly demonstrated to be successful, and we are also admonishing ourselves that we remember, and the more familiar we become with our powers, the greater our regard for their power for good, and with this knowledge comes a greater appreciation for the services of our great men. We must needs assume and command very high ground to accomplish those designs which we find inscribed upon the trestle board of our obligation. Our existence for nearly a century has marked deeply and permanently those advancements which have been preserved in the medical practice. While certain branches may not have carried out to the letter the responsibility that rested upon them, yet we are constrained to believe that it is thorough lack of appreciation of their responsibility and not because of malice aforethought.

We have seen when an educated man graduated as a doctor and an Eclectic physician, with all the demonstrated facts that are conferred with that honor, that there is found a man who properly appreciates the responsibility of a real physician and with whom and about whom we are really concerned as to his allegiance to that school which alone we believe is philanthropic. On the other hand, when we see an educated man licensed to practice the highest art under God, who appreciates little and knows less as to his materia medica or his attitude toward his people, and his profession, it does and should lessen or destroy any and all influence that emanates from such a source.

At this time we have been enduring as patiently as we may all the criticisms that may be hurled at a silent unknown friend, eagerly listened to by those desiring to believe, and cunningly and wickedly directed toward the Eclectic school by those who discovered depravity and duplicity in their own ranks and wrongly assumed that others were no better; and while hurling charges of commercialism at the smaller colleges brazenly pretends to make the classification of them upon a commercial basis or a financial standing. I do not believe in the dictation of any other factor than the medical profession in the gradation of a school or in the judgment of its product. We have all seen the folly of ignorant State Boards assuming a responsibility for which neither their education or experiences have fitted them. There are some questions which it seems to me should be more particularly spoken of, viz., medical schools, public health and organization of our own society.

We have at this time about one hundred and twenty medical schools in the United States, and five of that number belong to the Federation of Eclec-

tic Medical Colleges. The New York School was ranked as one of the best, and there was no question at any time in the past several years as to efficiency, and yet, even though it had never had a student fail to pass the examinations as decreed by the state, it was classified out of existence by the arbitrary rulings of their Board of Education, presumably because it was an Eclectic school. To state to a Board of Examiners that a school is Eclectic is deemed sufficient reason for dishonesty in its grading, and ours are not the only schools who make this charge against the authorities who are assuming the power to grade. The greatest difficulty that has been met with by colleges desiring to meet all reasonable requirements of an educational character is that no fixed standard is found in all of the states that may be met, except the divine and all-powerful personal discretion or grade of intolerance that is possessed by some of those who are apparently well schooled in opposition to institutions that they or their committees desire destroyed. Nebraska met this condition by compelling the adoption of a fixed standard in equipment and other requisites that a college may consult and judge for itself as to its standing without depending upon the sweet will of its examiners. We are indebted to Dr. Cummins, of Nebraska, for this advantage and would commend this plan to the favorable consideration of other states that are beset with such vacillating regulations that it were next to impossible to even keep them on record let alone favorably meeting consideration under them.

The Eclectic Society of this state has also gone on record that it will not tolerate or permit any except the authorities of the state and themselves to examine, recommend or dictate to its educational institutions, thereby adopting its own standard and insisting upon the state authorities accepting that as final. While this may seem more than authoritative on their part, it was deemed necessary, as we are not generally receiving the endorsement of antagonistic organizations, either personally or professionally, and why "beggar the question" by seeking their approval or seeking any approval that might be rendered with reference to our educational institutions. They are ours, and, as such, are entitled to that respect which we accord to others and, by the eternals, we hope to see the same attitude maintained by other institutions in every state in the Union. Let us support them if we are Eclectic physicians, and if not, let us get where we belong. In this, our National Association, speaking personally and without malice, I want to see every man who desires real medical eduaction, a member in good standing. Let all our colleges meet a definite excellence and those who are not inclined to be loyal to Eclectics and Eclectic institutions to step down and out, and the more quickly the atmosphere is cleared just that much earlier will we be able to present a united society with one and a definite purpose. Permit the dominant school to classify its weak, weaker and weakest institutions out of existence, if it so desires. We can readily see their defects and hope they may all be eradicated, but they must not apply their tortuous straight edge to our school. We find that practically all are more or less

adopting the Eclectic system of practice, and the more complete its adoption the more marked their success. The public is taken into consultation in regard to this, not because it is familiar with any part of the subject, but apparently because it can be made to misunderstand as densely as is desired. There is no argument that a physician should be as highly educated as it is possible for him to attain, and we have assumed in the past that the man who is most familiar with health and disease in their different and differing manifestations, and is also familiar with the greatest number of remedies and their beneficial effect in pathology, together with the means and measures to prevent disease, is certainly the most valuable public servant. The question is how to have our schools teach, to prepare medical students, to make the doctor the most valuable and best fitted for the duties he expects to perform. We have assumed in the past that he must be reasonably well grounded in those things that he expects to do, while others have assumed that he should also be acquainted with the sciences auxiliary to the practice, and be able to recognize and analyze plants microscopically, to be familiar with comparative anatomy and have a general knowledge of almost everything except medicine. This has led to almost an identical position of the two great contending forces of the public, viz., the so-called Regular School, contending for preventative medicine and wasting valuable time studying the wrong end of the drug, and the Christian Scientist, simply resting on the power of unassisted nature, just as warmly contending there was no efficacy in anything except in God and cash, and we fear the latter most of all. There must be a more nearly correct position to assume in the matter of medical education, and let us arrive as nearly to that as we may and then not only stand for it, but let us compel its recognition by those in real authority.

Our forefathers in medicine did just so. They did not seek the approval of those in opposition. Suppose you are brought into a court of justice. Is not that the place to make good your claim that you are intelligently practicing the healing art? I have had many letters urging this position on our college managers. We hope the committees from the National Societies of the Homeopathic and Eclectic Schools have come to the same conclusion.

A College of Arts in Nebraska was refused recognition for its normal department graduates in a number of western states for two or three years, and the reason given for this failure, was that the college was not properly qualified financially to teach this subject. After making an energetic campaign for endowment this institution ostensibly received an amount of $300,000, after which it was notified by these various state authorities that its normal department would now be recognized by them and its diplomas accepted. There had been no change in the personnel of the teachers. There had been no change in the number of hours of instruction. There had been no increase in the salaries paid its instructors, and none in the requirements for entrance or graduation from this department. Both the rulings for rejection and that for approval of this department by these various states evidently was dictated by the same authority who assumed to control the

educational affairs of America. This is an intolerable condition and securely closes the door to those who arise or educate themselves by personal effort, and is not only unjust, but contrary to the letter and spirit of our national and state laws.

Missouri and California Eclectics have just passed through a trying ordeal, victoriously, the history of which would read very much like that of the earlier trials of some members of our profession as recorded by Professor Wilder.

The present public utterances relative to sanitation and public health are sufficient evidence of a general misunderstanding relative to the real good and the limits of such supervision. The work of this department is closely allied with that of the doctor, and, as such, should be as carefully studied, as carefully taught and with proper reference to the general work as possible. Neither should the public be permitted to be taught by medical advertisers. These, too, often uneducated themselves, are prone to so educate those with whom they come in contact that the subject is not understood and the teacher so impressed by the great learning of the teacher that not much more is accomplished. The real physician must get between this class of teacher and the public or exaggerated public health and sanitation will become intolerable to the doctor, and, as such, not serve the best interests of the public. There have been many teachers, so-called, who catch the public's ear on sex hygiene, the social evil, charities, and such subjects, and while imparting some usually useless knowledge, so mislead them, who are so densely ignorant of the real condition and their care, and yet anxious to lend a helping hand, the real object of the teacher is realized and the purpose of deserving subject is tabooed as graft or cheap advertising. The reputable profession should protect the public by teaching the people honestly and frankly, as we have done in the past before we became such a power in the states that we have more recently associated with the profession than with the people. We were conservers of the faith in medicine until the larger part of the profession returned to a sane view of its duties and opportunities, and so at this time we must conserve the good that is found in health sanitation and social regulation, as well as the accomplishment of the best physical development of man. We should advise that exaggerated precautions on the part of public officials do not bring into disrepute the essentials with those who can, at best, only grasp the fundamentals of any part of the sanitary or health problems.

It has been estimated in the past that city physicians, county physicians, medical police officers, school inspectors and health officers, generally, might well be chosen from the lower ranks of the profession. That experience or education was a secondary requirement. That authority was the chief aim, and sometimes, when dangerous epidemics have threatened, we find many people have attempted to frighten and intimidate such officers to evade or violate their plain duty to the advantage of influential clients when both experience and character are requisite to properly protect the innocent.

In advising public school authorities relative to health and sexual matters, it should be well considered and a concise textbook covering this subject should precede its introduction to the public. So-called health talks have fallen into disrepute because of the character of matter taught and the apparent object of audiences attending such. Recently it was stated that at a meeting of sex hygiene there were nearly one hundred women in attendance. When race suicide and infant mortality were discussed at the same meeting, at another hour, there was scarcely a handful, and those attending would be expected to act upon whatever physical or mental impression each was most susceptible to. It is not sensible and not to the best interests of the people.

Charities for medical and other services should be taken seriously under consideration and the abuses of hospital privileges by the public and profession will cease. The relation of the doctor and his patient is not and must not degenerate to a financial basis. If the doctor is worthy of the confidence of his patient, he certainly must teach that patient frankly and honestly that it is not a commercial transaction but one of the highest character. If we can not take a more nearly paternal attitude toward the people and fill it worthily in justice to both they and the profession, we are unfitted for this service, and, uncontrolled by such a motive, it ceases to be even civilized robbery. Out of the dèbris of vice, heredity and disease, let us strive to create anew the image of our Maker.

We sometimes hear it lamented that every physician is not either a member of his state or national body, but this should not be so. There are a few doctors who have graduated from excellent medical colleges who do not feel justified in identifying themselves with one particular school of medicine because they see, or think they see, defects in each, which is no doubt true. There are others who graduate from excellent schools receiving the advantages of the character of education which they teach, and use the power so obtained for their own personal benefit, feeling no responsibility to the people or their followers for the results of their practice or the perpetuation of a successful system of medicine; and there are yet others who have a continuous and broad grasp of the great subject with a great feeling of responsibility, both to the people, the profession, and to posterity that they leave such provision for its continued development as Prof. J. U. Lloyd tells me he has made for the maintenance of the standard of medical preparation, and can any of you affirm that we would now have such excellent products from his profession had not this firm first, last, and all the time given as good as could be produced and many times and most always the best?

I would suggest that organization work be pushed as hard as possible, that any money so expended will return an hundred fold. I would suggest the officers of the National be assisted to visit more states each year, and that those states in which we are strong, especially Ohio, New York, Illinois, Nebraska, Missouri, Georgia and California, take such steps as will assist

those immediately surrounding them with a more perfect and powerful organization. I would also suggest that the officers of the State Societies or National, who prove inefficient, or recreant, be asked to withdraw and be replaced by those who work in harmony with not only the membership but with the National officers as well. We would much better have a handful of loyal men in each state than a large number who are liable to retreat when called upon for steadfastness and courage. I would advise that money put into a county organization that is not an auxiliary to our own State or National is not for our best interests.

In conclusion, I trust my successor may be so well received and so well assisted or directed as I in his administration of the affairs of this great body, and be attended with even greater success, and believing that our school and our society and those great men who foster it, and those men who believe in it and are members of it, are the true conservators of the faith, and, as such, bid them Godspeed in their philanthropic work in the real altruistic manner they have so far progressed and truly believe the only way the Eclectic schools and Eclectic societies will become extinct, will be in that other schools and other societies will adopt the principles and practices of our school, thereby causing our system, the only American system of medicine, to become the universal medical practice.

"THE CAUSE."

John Uri Lloyd, Phar. M., Cincinnati.

I have been asked to speak to you to-day on "The Cause," and have often been asked the question, "What *is* the Cause?" "What do you understand by the Eclectic cause?" These questions I will now try to answer, as I understand them, but to do so, I must ask you to go far back with me into the troublous past. I must also ask you to lay aside all personal antagonisms against anyone, living or dead, and to think only of "The Cause," not of an individual. With this in mind, I will try to make clear to you how this great subject appears to me.

I view "The Cause" in which Eclectics are now engaged and which they have ever supported, as the *cause of humanity*. We are now working, as we have ever done, for the good of the people, and, in my opinion, that and that alone, is the great "Cause" of the Eclectic school. An ethical cause is ever one of sacrifice, of unceasing labor and effort, both for those around us and for those who are to come after us, and who will enjoy the fruits of our struggles and sacrifices. The betterment of the world, the uplifting of American ideals, the opposing of wrong, is "The Cause" for which we strive. If this were not the case, no minority school could, for near one hundred years, exist in medicine, for all the public rewards, all the honors, all the popular prizes go to the majority.

Let me now, for a moment, contrast the present with the past, in a statement of facts as I have studied them, and in which for more than a generation of years I have been involved. You will all agree that a few of

us older ones have been through some strenuous experiences, and I am sure that those to follow must be ready to do their part, both in personal sacrifice and in labor, as we of the past have done so willingly.

The beginning of "THE GREAT AMERICAN CAUSE" now under consideration is not of recent origin, for it dates back to mediæval European medication, when every form of superstition, such as signs and omens and evil stars, had its adherents in medication. The ills of humanity were then regarded as direct dispensations of an all-wise Providence, or the work of devils, who took possession of the individual as a form of punishment. The man possessed of an evil spirit could, as viewed in those days, be cured only by having the disease-devil driven out of his system. Thus, a very old book in my library carries an illustration of a doctor curing a patient of a headache by boring, with an augur, holes into the patient's head, to permit the devil ensconced therein to escape through the apertures thus afforded, and through these he is seen fleeing with his cloven foot and barbed tail. Nor was this reasoning altogether illogical in the light of those times. Surely, if the disease was powerful enough to take possession of the body, as an enemy, as they believed to be the case, it was not to be expected that it could be driven out except by means of something more powerful than the disease itself. Had we lived in the times of those people, with their limited knowledge and narrow outlook, could we have believed other than as they did? If a disease be viewed as a thing in itself, would it not of necessity require the use of something stronger than the disease to dislodge it from the system? And so, a medicinal agent, to be effective must rack the patient more energetically than did the torturing disease. No kindly touch of the physician, no gentle remedies could be rationally tolerated; heroic measures were ever needful to force out of the bodies of patients the devils of pain and evil that had therein entrenched themselves. In this view, consider the deplorable record of mediæval European medicine! War, in all its horror, was not more terrible.

In those early days were sown the seeds of our "Cause." Those who taught such fallacies as this, and those who wrote books advocating such as this, came to America in the very beginning of its settlement. Came with them the superstition of former days. Arm in arm with the believers in witchcraft, came the believers in disease-devils and in devil-cures. A few dissenters there were, but the enemy in power, entrenched behind the barriers of "authority," said to those who questioned their processes, "We have been for generations students of diseases, and we *must be* right! *You* are *irregular!*" In their view, the devil theory, as applied to disease entities, was righteous. When a disease devil gained control of the body, it attacked every part thereof. The blood became impure, the secretions were perverted, the flesh became corrupt. Was it unnatural for the physician thus involved to feel that the one opposed to such views was ignorant and a pretender?

HEROIC MEDICATION.

Came then, naturally, the universal use of the blister to draw to the surface the poisonous humours, the lancet to let out the foul blood, the tartar-emetic plaster to make a running sore from which the corruption could escape, the powerful cathartic "blue mass" to evict the evil spirit from the interior of the patient, and by salivation excite new secretions. Even in my day, the giving of calomel and "blue mass" until the gums were sore and the teeth loosened, was not unusual. Very like to these theories were those of the North American Indians, yet lingering on our Western plains.*

Such as this was paralleled in our American, European-transplanted medication, with the exception that the people were treated not by the prayers of our "Medicine Men," but with cruelties in the name of medication, difficult now to portray. A word of protest in the name of humanity was not permitted. The layman who insisted upon a kindlier method was considered as an ignoramus, while the thoughtful physician who dared assert a claim for gentler methods was pursued with vindictive venom. Such conditions could not disappear of themselves. The sufferers themselves are often prone to resist changes instituted in their own behalf, much after the manner of the ignorant Navajo of to-day, who, reverancing the incantations of his "Medicine Man," accepts that he knows best what is to be done, and who consequently resists those who advocate other and kindlier methods.

In like manner when the earliest settlers came to America, the cruelest methods of the past were considered infallibly necessary. In the days of the French and Colonial wars, down to and beyond the days of the Revolution, the orthodox methods of medication were the only tolerated official methods. All else was "irregular." The textbooks used in the early days of the medical colleges of New York and Philadelphia came from Europe, or if an American physician ventured into authorship, he took his processes from Europe, changing them only a little in his adaptation to the needs of his people. Thus, the medical man, as well as the people, was held in the bondage of the past, and any revolt in the ranks of either was met with swift and sure punishment. One hundred years ago, the cruel processes that had come down through the centuries of European medication were as strongly entrenched in the customs of the times as had

* For example, together with Dr. Munk, now present with us, I witnessed in Canyon de Chelly, Arizona, the treatment by an Indian "Medicine Man" of a Navajo girl "for a devil," the trouble being simply a thorn in her foot. She lay in a crevice of the canyon shut in by a blanket and covered with blankets in that sweltering August day, and for three days the Medicine Man had been making his incantations to pacify the devil that was tormenting her. "What ails the girl?" we asked. "She has a devil in her foot, but my prayers will draw him out," he answered. Dr. Munk looked at the foot. A cactus thorn had festered there, and was now ready to escape. He took his lancet to open the place. "Do not touch it," said the guide. "You are now in the land of the Navajo, afar from civilization. This Medicine Man is regarded as sacred by his people. If you cure the girl, you incur his enmity. If you do not cure her, you incur the enmity of all the Navajos. Let it alone." That suffering girl was, through necessity, left without the kindly touch that would have healed her, her only treatment the prayers of the "Medicine Man" of her people.

been the "devil" theories of disease in the centuries preceding, although the name "devil" was now changed to "disease."

Came, then, a few dissenters who viewed with alarm the havoc wrought in their homes by the cruel processes of medication. Women, as well as men, and I say to you frankly, more women than men, who saw the terrible after-consequences of the heroic methods employed, attempted to break loose from them. The evil results of calomel given to salivation, of bleeding, of blistering and of excessive catharsis, needed no exponent, for in every family were examples of loved ones, living or dead, whose sufferings served as texts. Rebellion arose, came a cry from the people, "Save us from the tortures of the physician," from whom children ran in fright. In the very height of the crusade came the death of our honored first President, George Washington, who lost his life from the terrible treatment administered for the cure of a heavy cold, which served well as a text in the revolt against excessive bleeding. From home to home spread quickly this heresy of the people. Rebellion was in the air, but "The Cause" seemed hopeless.

Arose, then, that remarkable man, Samuel Thomson. Many faults had he, chief among them being his illiteracy; nor was he altogether altruistic in financial matters; but he spent his life in trying to bring to the sick more kindly methods than those then in vogue. Increasingly, as the years pass, glow his sacrifices and sufferings, his persecutions and phenomenal resistance thereto. Heroic, indeed, would his medication seem to us of to-day, but it was then a mighty improvement over the methods practiced by his an- (licensed physicians), he trod the country over, trying to better conditions by new standards of medicine in behalf of humanity. Of course, the entrenched interests fought him, and Thomson fought back. Under his leadership, from home to home spread this Thomsonian heresy of the people, demanding a kindlier (though yet a crude), treatment for the sick.

Came now into the fight, also, the "water curers" (hydropaths), the "natural bone-setters," and the kindly Homeopaths. At last arose Wooster Beach, the pioneer of Eclecticism. Came, too, many other self-sacrificing men, who took service under his standard in the people's behalf, and who in public print, fought the common enemy, much like independents, engaged in a border fray. The development of a new American materia medica was the ideal of Beach, the accepting of all that was good and kindly in the methods of others, the exclusion of heroics his motto, his code of ethics the *Golden Rule.*

All these various organizations and individuals made common cause in their opposition to the prevalent wrongs in licensed medicine, as they saw the wrong, but let us not for a moment suppose that they were united as regards their corrective processes. Many differences came between them, and sometimes the controversy waxed bitter, but on the one question they were united, for, when they turned toward the cruelty that inspired their very existence, their cause was common, and they united in their demand

that cruelty in the name of medication must cease. A fever-racked child must have a cup of cold water, a fever-parched man a breath of fresh air, and life must be sustained, not bled and blistered from the unfortunate sick. "It is not necessary to use something more cruel than the disease itself, to combat the disease," was their war cry, and it must be added that the people were their enthusiastic supporters. We of to-day can not comprehend the conditions then existing. Close to the people were dissenting physicians like Beach, as well as self-made physician crusaders, and in nearly every family were to be found one or more helpless invalids, made so not by the disease with which they had been afflicted, but by the methods employed to cure (?) the disease.

But it may be said that Eclecticism of to-day is not the same as of yesterday. This we grant, and with pride. While Eclecticism led to the revolt against the cruelties of the past, bleeding, blistering, and such, now, happily, long since of the past, its methods were at first crude, as was to be expected. Then arose that farseeing crusader in medicine and pioneer for the right, John M. Scudder, whose great work was in behalf of a simpler pharmacy and simpler methods of medication. To him diseases were not entities, but expressions of wrong conditions that cried for relief. He said to apothecaries, "Make no longer these nauseating 'shotgun' compounds of the past." He said to physicians, "Small doses of pleasant, single remedies will accomplish what nauseating mixtures can not do." When first I began my work with Dr. John M. Scudder, I had the greatest admiration for him personally, but I could not then accept that small doses of pleasant remedies could help a man really sick. But in time, the fact that Scudder's processes were exceedingly effective, became apparent to all. Specific treatment of disease expressions, with pleasant remedies, became with me, also, a crusading cry in behalf of the people.

HABIT-FORMING DRUGS.

In still another way were the Eclectic opponents of "regular" medication of former days united, for they had made a determined fight upon the "habit-forming drugs," morphine, opium, and kindred poisons. They fought physical slavery to drugs, as they fought other evils, and for seventy-five years this fight has been kept alive by the Eclectic school, that has never, in one instance, introduced a habit-forming drug to the people, and that, alas, has received in its crusade but little help from those who should have been most alive to the evils wrought by these drugs. But at last the conscience of the nation has been awakened, and now the government has joined the Eclectic movement against this evil. The crusade that for nearly a century has been waged by the Eclectics is bearing fruit. Welcome into this field is every person who views with alarm the awful consequences of this drug-wreckage of humanity, even though he gives to us no credit for our efforts. Had the contributions and editorials against the habit-forming drugs that have appeared in Eclectic literature been distributed to the people, or even had they been comprehended by all in the professions of medicine and phar-

macy, our fight on opium, morphine, chloral, and, of late years, cocaine and allied products would long since have ended. I do not hesitate to accept that more lives have been sacrificed to these pernicious drugs than the wars have taken, and in our fight against them it is to me a deep regret that we have been almost alone.

Let us hope that the strong arm of the Government will not be arrested until the last of the habit-forming drugs, our hereditary enemy, is excluded from the people, and rests as a story of the past, in the tomb of the lancet and the blister.

The crusade against that habit-forming drug-curse, opium, instituted seventy-five years ago by the Eclectic fathers, is yet with us, together, alas, with newly introduced materials, such as chloral and cocaine. In addition, humanity is now menaced by strange and wierd forms of the heroic in medication, unheard of in the past, and even more dangerous than those of the past. Now we are told that the standard of therapeutic excellence is "the physiologic test," and that "remedies that will not kill, can not cure." A drug that will not prove fatal to cats and dogs, is not a sick man's remedy! Thus the kindly remedies that Eclectics have so long sought and employed, are now on other grounds than medieval European authority declared not "official," or "regular." Such well known remedial agents as Echinacea, Helonias, Aletris and the non-toxic Eclectic preparation of Digitalis, are now discredited because, on such authority, they will not kill, or physiologically shock, under laboratory experimentation. This, in the face of the testimony of thousands of qualified physicians, of all schools, the country over, regarding the kindly and beneficial action of these remedies in disease expressions. If this deplorable movement to exclude mild remedial agents is continued, instead of nearing the end of the conflict, we have yet to face the most strenuous battle of the century's crusade, for the people's protection against organized cruelty. The new enemy may become, under the organized interests financial and otherwise now in the field, perhaps the greatest enemy yet encountered in our long war against cruelty in medicine, and the deplorable habit-forming drugs.

And in it all, the Eclectic school that has, from its very beginning, made a specialty of kindly medication, must take its part, not only professionally but with the people. It has never ostracised one who had a kind word or did a kind deed. It has thanked the homeopath for the kindly touch and the sanitary methods medicine has learned from him. It has thanked the Thomsonians for agents of much value. It has thanked the old school physicians for the good that has come out of "science," of which they, together with all others, are justly proud. It thanks the Osteopath and the Hydropath for the contributions they have made, for we have learned from all alike, as we have freely given to all concerned.

And, in the crusade against wrong that is not yet concluded, we must continue the offensive, especially as concerns the nerve-wrecking synthetics, the filth-derived serums and the habit-forming slavers.

Listen! From South America came coca, the leaf of a shrub used by the Indians of the lofty Andes. It had properties different from those of any other plant known. It came naturally into our field, and was investigated by the leaders in Eclecticism. We worked with it carefully and patiently, and that, too, long before the fatal properties of the alkaloid cocaine were known, farseeing Eclectics even then reporting upon its use in editorials and in journal contributions said, "Touch it gently!" If you will look into Eclectic literature of the past, you will find coca advised *only* for purposes that were legitimate in medicine, never in directions that could make of it a habit-forming drug. To-day, it is evident that no drug has ever exercised a more powerful and complete control over its victim than Coca, in the form of its alkaloid, Cocaine. Although, as used by the Eclectics, coca is a valuable remedy, cocaine has already, by reason of its official introduction to the people, become one of the most terrible antagonists that man has to confront in the temperate regions of America. The United States Government is at last asking, as has the Eclectic these many years, "What of Cocaine?" And not only is the National Government thus concerned, but States and cities as well, are asking, "What can we do to regulate its use, to stop its increased sale?" Let *us* ask, "Who introduced this tyrant to the American people? Who opened the gates to this evil? Who is responsible for the awful havoc it has wrought? Who has done this wrong?" We who are "irregular" in our methods of medication, and who might thus be supposed to have ignorantly, or through avarice, opened the flood gates are silent, for the sin lies no more at our door than does the sin of the cruelties and wrongs of the past. Let us then pass this question, and ask another: "Who introduced morphine and laudanum and other opium compounds to the people?" From across the Atlantic came, a few years ago, a multitude of pernicious habit-forming synthetic remedies, built up by chemists in laboratories. Again may we ask, "Who introduced these to the American people?" Of all this, too, are we innocent, for from the start these synthetics have been opposed by the Eclectic, and possibly for this very reason we have incurred the enmity of "Authority," concerned in their exploitation. From the very beginning of their use, we vainly called attention to the evil, and had this been awarded us, it might have saved America a mint of money, and a multitude of lives. In a recent pharmaceutical discussion on this subject, a gifted man in a position of exceptional experience, said that in his opinion, these habit-forming synthetics had been more of a curse to humanity than all the good they had ever accomplished.* Let us ask, "Who is responsible for the introduction of these synthetics and other habit-forming compounds to the public?" Not the Eclectic, for he has ever been foremost in their con-

* Since this address was delivered, the following appears from the pen of Dr. Torald Sollmann: "It may well be questioned whether the discovery of the synthetic drugs did not at that time work vastly more harm than good to the public." Let us ask, Why exclude the present, why introduce the term "at that time."—L.

demnation. Not one Eclectic remedy has ever been productive of a habit-injury to the people.

In the face of these lessons from the past, and these conditions of the present, can any man now ask, "What is the great Cause" for which we have so long striven and suffered? Can we say of our work, as we face present conditions, "It is finished?" Can the work of Eclecticism be abandoned, before these habit-forming drugs have been exterminated or whilst they are being introduced, indeed, as long as entrenched "Authority" has the *privilege* of introducing to the people tyrants such as these, and processes of medication offensive to think about, that destroy our people by the thousands, and wreck them by tens of thousands?

But in it all let me repeat that in our efforts to suppress the wrongs of heroic medication and of the habit-forming drugs, we make no crusade against the ethics of individuals, or those who do no harm by their medicines, be they who they may, but that we war against the living wrongs, as we see the wrongs, whether their origin be of today, or an heirloom from the past

And now I believe we have reason to look for affiliations, formerly deemed impossible, for within the rank and file of the dominant medical profession, that once viewed us merely as charlatans, talented men have ceased blindly to follow those who teach cruelty and wrong. Thousands have learned to take for themselves the good in medication, wherever found, and to demand for themselves the right to judge of the value, as well as of the harm, of a remedy that they employ in their practice. The United States Government and many State governments, are beginning to comprehend the necessity of suppressing wrongs that for nearly a century the Eclectic medical profession, in the face of resistance and vilification indescribable, has made a crusading "cause." There is now a renewed awakening of the *people* to the new features of the "Cause," that near one hundred years ago gave birth to the Eclectic School in medicine, in which the Eclectic Fathers crusaded and conquered, and in which we of today, a minority school in medicine, no less intense than were the pioneers of old, are struggling to serve the people.

MEDICAL LEGISLATION.

J. A. Munk, M. D., Los Angeles, Cal.

Many changes in conditions of living have taken place in the last few years, not always to the advantage of the individual. Business is concentrating along all lines, and has a tendency in the direction of big monopolies, in the control of a few men, who manage affairs for their own pleasure and advantage. The world is rapidly commercializing to the highest degree, and the small man is losing out in every direction. He has no chance against the power developed by this process. We are supposed to be the exponents of personal liberty, and we invite the oppressed of all nations to share the liberty our Constitution expresses; but our ideals have greatly

changed because of these influences at work in our land. Money trusts, business monopolies, great combinations are on every hand. Everything is subject to this influence, and in this we include even medicine and education. It would be supposed that men with knowledge of their business as doctors, and understanding of the cure of disease, would be ready to do business. This is no longer the case. The amount of a man's knowledge is not the only factor. Now it is asked, "What have you come up through? What is backing you?" If you can not show so many hours put in at some institution backed by money strength, what you know is not so important. We as Eclectics have felt this to our great harm. So hard has it been made for us that many people have given up the struggle in discouragement. Others have felt the same way, but this convention shows there are still people who believe in our principles, and are ready to work for them, and will help to perpetuate this system. I am an Eclectic now and always, and as long as I have anything to say, it will be for Eclecticism in medicine. What the conditions are that have brought about the present state of affairs, it would be hard to say. Its scope can not be covered, and its manifestations are hard to study. It is hard to understand how it is possible for all interests to be so in the hands of a few men. This, however, is a political question, and depends on political issues. Our legislators in State and nation are advising new methods by which matters may be regulated better in the future. For years the Republican party has been in power. It is not necessarily responsible for the state of affairs, but it has agreed to present conditions, so it seems responsible. I think we have all seen this, but did not know what we could do to remedy it. Now we have had a change in politics. We have a new administration, and I believe with its coming we are going to have an improvement. I have been a Republican all my life, and up to this last election have never voted any other ticket, but I voted for Wilson this year, and really believe I shall be a Democrat from this time on. I had read a good deal about him: I believed in him: but I did not understand his viewpoint until I got hold of his late book, "The New Freedom." It told me about things of which I had been thinking, and of which I had talked to no one. I read it on the train coming here, and I rejoiced to learn the things he believes in. I believe we have now a man in the chair who is not putty to be managed by the politicians, but one who will do his thinking for himself. We have now on our field of battle, the A. M. A. that dictates to the nation, and aims to have its policies carried out. It has a system of advertising that gets pretty much what it wishes, and it attempts to say that it is dangerous not to join with it, and help to control these things. President Wilson is in trouble in regard to lobbying in Congress, but we have the same thing on the outside. Of course, it is all right for a man to express his ideas, and work for things he believes, but these men effect things for their own ends, to get themselves greater power, and to drive to the wall those who do not think as they do. I believe we are going to see better days, and that while the A. M. A. through its different agencies,

is trying to further their control in Congress, by the establishment of this Bureau of Health, yet I think, with President Wilson in charge, and Secretary Bryan to help and advise, we will yet have medical freedom, and the new freedom that will not yield to these influences, because it does not believe in them. I believe we will accomplish most, not through the National Congress, but through the States. The situation is more serious in some States than in others. In California it is very serious. The opposition is not open, but it is there, and just waiting to put the screws on and crush us out. We had to do something, or we would have been forbidden to practice medicine in the State, and our colleges would have been closed, and our graduates refused licenses. We decided that to sit still was sure death. We had little hope, yet a few of us felt differently, and decided at a county meeting at Los Angeles that we would do something through the Legislature. We had tried to combine with the other schools, the Homeopaths and Osteopaths, hoping to work through them and secure something. That had failed, so this time we tried again, we decided to stand on our own feet, and not consult anyone. We raised a fund for the campaign, as you can do nothing in that line without money, and soon had $1500 paid in to carry it through. We had the bill drafted, and sent Dr. Ford Scudder to push the bill in the Assembly. He is a fine man; we could not have had a better for our purpose. Now, to our surprise, all the other interests began to wake up, and some ten or fifteen other bills were presented. We really did not expect to succeed, but we wanted to try it out anyhow. Well, it was a long struggle, and a mix-up hard to understand. At the end of the session we feared all the bills would be turned down, but our friends were at work, and something had to come. The result was that we got more than we asked for. You can imagine how gratifying it was to us. The main thing we wanted was freedom from the A. M. A. We have a standard of our own, under this law; the State is open. If you come to California now, you can get in. How glad we are of it! The bonds are removed. We do not know how long we can maintain this, but it is a good start, and we hope to keep what we have gained. If in your State you feel discouraged, remember you can still do something. At least do not die lying down—die figthing if die you must, but you will be surprised to find how much you can do. Why, we smile to ourselves, and shake hands on the street, when we think how much more we got than we asked. See if you can not get together, and raise the money to put things through. If all States will do this, our troubles will be over forever.

ECLECTICISM OF TODAY.

R. L. Thomas, M. D., Cincinnati, O.

This is twice to-day that I have been placed in a very embarrassing position. This morning I was asked to respond to the Address of Welcome and now Dr. Felter is not here, and I am asked to make an oration. Of

course, you will not expect me to make you a real address, without any preparation, but I have some things to say to you.

You know the history of Eclecticism, and you doubtless remember that Eclecticism is eighty-nine years old today. I do not have to state to this audience why the school was founded. The history of medicine will tell you that one hundred years ago, conditions were so bad that something had to be done to protect the people. The school of Eclecticism was founded on the principle that disease was always depressing, devitalizing, and that anything used to fight it should sustain the body and add to its vitality. This is its principle to-day. You know how it has succeeded. Our students have gone out by the thousands, and there are today between six and seven thousand Eclectics engaged in the practice of medicine in different parts of this country and Europe. Their success is a matter of history. Wherever they have gone, they have courted the closest comparison between their methods and those of other schools. As time has gone by, we have found the opposition of other schools as great as in the beginning. They have used every possible method to destroy Eclecticism, and drive its principles from the earth. We are faced with one condition that seems really alarming. I do not think it necessary in this convention to take up the reasons for the existence of this school; neither is it necessary to give the reason for its continuance. But I would like to touch on the question of the methods to be used for its continuance. Not WHY should it continue, but HOW shall it continue. This point is very vital. How are you going to continue Eclecticism in the United States? There are many young men among us, but many of those to whom I am speaking today will be down and out twenty-five years from now. What are you going to do for Eclecticism twenty-five years from now? Do you know that men are dying in our lines faster than our medical colleges are replacing them? The cause is that our men are not getting busy, and filling up our colleges. What is your Eclecticism worth to you, what is your diploma worth to you, if in twenty years our colleges are empty? This question of continuing is the main thing before us to-day. How about maintaining our existence? We have these medical colleges, and we should support them. Every alumnus should get busy and send students to the colleges, and should go to the help of the institutions in every way. The American Medical Association is trying to put a money value on colleges. And it is true that without a first-class laboratory, the day is coming when a college will not exist long. But how can we have these unless you give the money? Our colleges are not run for money, but every dollar is turned back for equipment. However, fees from students will not support colleges and cover equipment, and it will be necessary to endow our medical colleges. This is what we are facing today. What can you do about it? For one thing, you can give so much each year to your Alma Mater. If you want to give $200 for endowment—and not many of us could give that much at one time—you could send them $10 a year, which will be the interest on $200, and would

be the same thing, because the college would have to invest that amount to earn the $10. If you all would do this, you would solve the problem of our colleges. It is not a question, though, of why we should exist, but are we going to exist at all. This is up to every Eclectic, and we are personally responsible for it.

ALCOHOLIC INSANITIES.

THEODORE DAVIS ADLERMAN, M.D., BROOKLYN, N. Y.

The effects of alcohol upon the tissues and general functions of the body are such, that we can not help but admit the great rôle played by the abuse of alcohol in the production of insanity.

Had I in view here to picture to you the different pathological changes produced by the abuse of alcohol—I would have to mention its effects on the vascular and nervous tissue (the vascularity is always increased). I would have to mention the gradual disappearance of the medullary sheath of the nerve processes, as well as the swelling of the dendritic processes. I would have to mention the retrogressive changes which take place in the cell protoplasm, as well as the changes which are found in the coats of the veins.

My object, however, is not to talk pathology to you—which you can find in any text book, but to present to you some types of alcoholic insanity, as I found them the course of my practice.

In looking over my records, I find case after case of alcoholic melancholia, which all present such uniform symptoms, that I am obliged to picture them first. Most of the severe forms of agitated melancholia in my practice, were associated with chronic alcoholism in both the patient and in his antecedents. These melancholias are of a sudden inception, all of them presenting defects of intelligence with marked moral deterioration. Very few of the cases (if any) present any prodromal symptoms, beyond a headache and some insomnia. Suddenly without any outward warnings, hallucinations and delusions come on, the patient hears voices, persistent voices, which follow him everywhere and accuse him of all sorts of crime. He is a base swindler, a thief, a child murderer; he is infected with the most horrible diseases, he has sinned so much—and is doomed to eternal punishment—the voices keep on telling him this over and over again. He looks at you with horrified eyes, he sees the most terrific monsters, devils, witches, monstrosities. He is in most intense misery and suicide will be attempted at this period. He is afraid of everything and everybody. The sufferer paces to and fro with a face full of agony. He moans, and repeats words, or phrases, "Save me, save me, what have I done, what have I done?" The duration of this disease is about ten days, and the recovery is just as sudden as the appearance of the malady, with a dreamlike after-effect. Convalescence is attended in most of the cases with a certain degree of mental sluggishness. In all alcoholic melancholias, albuminuria is present, while it is entirely absent in all other forms of melancholia.

Alcoholic Mania: Acute alcoholism rarely induces a psychosis. Alcoholic insanity commonly develops from the abuse of alcohol, from chronic alcoholism, from the excessive use of the same for a long time. Alcoholic mania is of sudden onset, in most cases bursting forth suddenly at night. In a few cases there may be some premonitory symptoms in the form of increased irritability, peculiar morbid impulses, and an increased inclination to hard drinking. A sudden bout of drinking, or a few debauches, drink and women, will often precede an attack of alcoholic mania.

The excitement of this condition is most intense, a most terrible blind fury seems to possess the patient, who is very much confused mentally. The tremor of the face and hands are very distinct in this stage of the disease. As in paralytic dementia, they suffer from delusions of self-importance. The patient is a God, a king among men, the head of some nation. The slightest argument or opposition to these delusions induces most dangerous outbreaks, the patient becoming a menace and danger to all about him. He is very destructive in this period of his sickness, destroys clothing, breaks up furniture or any thing he can lay his hands on. In some cases the delusions of the alcoholic maniac assume a religious nature. Angels are around him, he is a saint, paradise is awaiting him; the patient is in constant consultation with some saint or other. The world awaits his redeeming speech to be saved from eternal sin; he prays loudly; the agitation continues until complete exhaustion sets in. Insomnia is present in all cases. In this great excitement and frenzy the patients will often injure themselves, break their bones, contuse and bruise themselves, but do not seem to experience any pain. This malady will run from two days to two weeks, with remissions which gradually increase and become longer; sleep returns, delusions subside, and the patient slowly comes back to a more normal condition.

It is to be regretted, however, that not all of these cases run such a favorable course. In quite a few cases both the motor and mental excitement having reached the point of highest intensity, are followed by a muttering delirium as well as by symptoms of profound collapse in which the patient dies. In a few other cases dementia follows mania, the patient screams, weeps, destroys things, enters into periods of violence and the affliction assumes the chronic course. Progressive weakmindedness and death from diarrhea, or slow decline of vital powers ends the misery.

Alcoholic Persecutory Insanity: After a period of continued use of alcohol, disturbed sleep and headache become very marked. Hallucinations of hearing come on suddenly, mocking voices whisper in his ears, that he is a sexual pervert and sexually impotent; his genitals have dropped off; his wife has run away with some man, or she has been unfaithful to him for years; his enemies are conspiring against him and spy on him; the walls of his room, the ceiling and the floor are so constructed that the slightest murmur or whisper are heard by his enemies miles away. Unseen wires, especially invented for his persecution and annoyance are under

his bed, are so constructed as to give him electric shocks and thereby ruin his health. His life is in constant danger from the persecution of his imaginary enemies. He is surrounded by spies and detectives, who are all after him with one object; they must destroy him. As time proceeds, the voices become clearer to him, they are very distinct now and the patient is followed by them everywhere. These voices abuse him, and as his enfeebleness increases, hallucinations of sight come on; visions of all kinds, sexual and others make their appearance. At this stage, the patient is most dangerous to those about him, he will turn on his supposed tormentors and try to annihilate them, and the very fact that at this point he receives more attention from his attendants, increases his delusions that he is a person of great importance. These particular cases show distinct characteristics of alcoholic degeneration; facial tremors, partial paresis, muscular tremors and complete loss of memory. In a few cases it may be quite a hard task to distinguish them from paranoia, as many symptoms are alike in both afflictions.

Alcoholic Amnesia: Defective memory either complete or partial is characteristic of all alcoholic psychosis. This impairment of memory may be complete in every way. The patient does not recognize place or time, in other words he has no knowledge whatsoever of his environments or what pertains to it. Retroactive amnesia is met with in these cases, when the amnesia not only extends over some critical periods, such as some accident, or trauma, but backward beyond this event for days, months or years. The so-called "paramnesic states," or delusions of memory are also found in different alcoholic insane. The patient may believe that his present circumstances, which are in reality new to him, had formerly formed a part of his existence. The patients give marvelous accounts of what they have seen and done, although the occurrences have no real foundation in fact. They may tell you they have just been out for a dance in the front room, although they never left their beds. Fabrication, or as Sully calls them "hallucinations of memory" are very distinct and persistent. The impairment of memory may be extreme. Syllables, numerals, are forgotten in the shortest time. Patients forget they are married (some of us "same ones" may also like to forget it) or that they have children. They believe they live in times long past, and are completely lost to the present surroundings. The patients will often attempt to cover their gaps of memory by all sorts of excuses, but at the same time still keep on relating their marvelous adventurous tales.

Every degree of amnesia is met with in these cases, from the very severe type to the incomplete retention of the most prominent parts of an ordinary conversation.

The patients are no longer able to follow their occupation. They do not seem able to take the initiative in anything. They forget names, dates, order of work, meal times, etc., etc. We tell such a patient to go to the next room to bring you a book, or some other article, he will advance to

the door and return for additional orders, as he had completely forgotten the object you wanted him to bring from the next room. You can repeat this experiment for five or six times and with exactly the same results.

In some cases, recollection of partial events of childhood may be recollected, but events of yesterday or today are completely obliterated. What he has done today or yesterday is a closed book as far as his memory is concerned. These cases can not and ought never be placed in aphasia class, there is no word blindness, for they can read correctly, nor is there word deafness, for they can hear and understand you perfectly.

Alcoholic Dementia: Dementia is a term used to designate a general enfeeblement of all mental faculties and in the course of time a dementia follows all forms of chronic alcoholism. It may become progressive, but the motor implications are very light.

In some neurotic individuals, or rather in cases where there is a hereditary instability, even a moderate use of alcohol will produce a strong enfeeblement of the mind of a progressive nature ending in complete abolition of all reasoning faculties. In most acute alcoholic insanities, such as alcoholic delirium and febrile delirium tremens, there may be a rise in temperature, terrifying delusions and hallucinations, complete insomnia, suicide and homicide, and in a few cases recovery in a few weeks.

Alcoholic Paranoia is observed in some cases of chronic alcoholism and may follow either delirium tremens or acute hallucination. Paranoid ideas are developed—may even be more or less systematized. These ideas are of a persecutory nature and directed toward the patient's family. Delusions of poisoning prevail. Violent outbursts are apt to occur. The remarkable thing about the delusions of an alcoholic paranoic is that his delusions appear reasonable and likely to be true, so that only a very careful and painstaking investigation will disprove their falsity. The absence, however, of a permanent systemization of the delusions as well as the history and symptoms of chronic alcoholism will help to distinguish it from true paranoia.

Alcoholic Pseudo Paresis: Those who have for a long time exercised freely their reproductive functions and continuously indulged in alcohol may develop a condition simulating dementia paralytica, but with which it has very little in common. While tremor, incoordination and disturbances of speech, thick speech, loss of knee jerk, mental change may develop, the Argyle-Robertson pupil and incontinence of urine do not occur. The resemblance, however, is remarkably close in many cases. The speech defects are somewhat different, consisting in atowic rather than the stuttering utterance of the true paralytic. We do, however, meet with the true expansive delirium delusions of vast wealth, of the ownership of castles, banks, factories, ships and sexual delusions. The organs of generation are enormously large in size, the patient has 100 wives and he exercises his productive powers with each and every one of them daily. The patients, at times, become bestial, with a complete loss of moral sense. The

true signs of paralytic dementia are absent. The dementia progresses slowly and the case dies from some intercurrent disease. If alcohol is withheld they may live for many years.

Delirium Tremens: Is an acute psychosis in chronic alcoholism after a prolonged use of alcohol, or after a sudden cessation of the use of stimulants, there comes on a period of sleeplessness, headaches, despondency, unrest and mental anxiety. They sit silent and alone; keep away from companions and the slighest shock to the system will precipitate the attack. Hallucinations of sight are common, of the most horrible and terrifying nature. The violency in most cases of delirium tremens is due to terror and fright and to the effort of the patients to defend themselves from those horrible monsters, which in his hallucination are constantly before him and at him. There is marked tremor, physical weakness, weakened heart action as well as some epileptiform attacks. It is important to remember that delirium tremens is uniformly fatal after the first or second attack. In some few cases, however, there may be repeated attacks of delirium tremens, which in themselves may lead to a form of periodically recurring insanity, which will closely resemble acute alcoholic delirium in its mental phenomena, except that there is no tremor present. The attacks may be repeated every few weeks or months. There is first a period of irritability and anxiety, followed suddenly by an outbreak of hallucinations. The patient is in terror, worms crawl all over him, eat him, dig their way into his stomach, terrific animals drag them into the fires of hell. The aural hallucinations come in, spirits address them, foul odors assail them. These periods last about ten days, but, after repeated attacks, these periods of insanity become longer and the lucid periods are very much shortened.

Alcoholic Epilepsy: There can be no question but that among the toxic agents producing epliepsy alcohol occupies a prominent place. Abuse of alcohol will not only aggravate ordinary forms of epilepsy, but will also produce epileptic attacks. The first fit may follow a drinking bout. I found this to be a fact in many cases in my private practice. Another fact which also stares us in the face is that in Mohammedan countries, where the use of alcohol is forbidden, epilepsy is very rare, almost unknown. Many cases of epilepsy will come on during a spree and may develop in chronic steady drunkards. A fact worthy of remembrance is that pathological findings in epilepsy are similar in character and in location to those found in alcoholic brains. About 8 or 10 per cent. of all alcoholics have eventually epileptic seizures. The attacks may be incomplete with spasms of single muscles, or one-half of the body only may be involved with only partial loss of consciousness. In some other cases the convulsions may be complete with the most profound loss of consciousness. Epileptiform convulsions may follow an attack of delirium tremens, or the delirium tremens itself may be ushered in by an epileptic seizure.

In closing this article I can not omit mentioning the peculiar cases of dual consciousness, automatism and somnambulism, which are quite fre-

quently met with in alcoholics. Crimes have been committed in these states. The patient seems to be in a trance in which he may perform apparently purposive and normal logical acts. He may travel long distances, transact business, arrange contracts—and all of which he has no recollection afterward. Epileptic alcoholic somnambulism should not be confounded with somnambulism proper, which is an affection of sleep. Most alcoholics who present states of double consciousness suffer from psychic epilepsy.

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DISCUSSION.

DR. BAIRD: I have a case of an eighteen year old girl. She is very blue: suffers from insomnia: cries all the time, day and night: says she "can not get her mind together." On examination, I found considerable tenderness over the ovaries, a very rigid sphincter, and some excrescences at the mouth of the vagina. I removed these excrescences, and dilated the sphincter, have been giving massage and watching her diet. Have you any suggestions to make in a case like this?

DR. ADLERMAN: It is difficult to make an intelligent diagnosis with symptoms no more detailed or definite than these. A careful examination would be necessary before any opinion would be of value. Offhand, though, I would put down symptoms of melancholy in a young girl to something sexual. She is having feelings that she can not understand, desires that she can not gratify, and this is producing melancholia. And speaking of massage, I should be very careful in cases of this kind, not to handle the patient. I would make a very careful examination at the first, and satisfy myself as to the condition of every organ, but after that I would never touch her again. It is my experience that this sort of patient would return day after day to be handled, and that with the sort of treatment Dr. Baird has indicated, he will have her on his hands until the Day of Judgment. In this case, I think the indication is very strong for valerian—so strong that I am surprised he has not used it.

HERNIA.

H. H. HELBING, M.D., ST. LOUIS, MO.

I have had two hernias during the past year that were different from the many others that were brought to me for operation. I don't know whether my technique differs from other surgeons in these cases, but perhaps you may obtain a pointer or two from this paper and I hope to obtain many valuable pointers from the discussion which I hope will follow.

The first case was one of ventral hernia that followed an operation which had been performed about a year previously. From the history the patient gave me I concluded that a drain had been inserted and that a profuse discharge followed. Upon opening the abdomen over the site of the protrusion, we found the omentum and intestines adhered to the opening, which was about two inches in diameter. We broke up the adhesions and returned the intestines and omentum to the abdominal cavity. We then peeled out

the sack and trimmed off the cicatricial tissues from the edges of the fascia. We then brought the fibers of the rectus muscle in apposition and brought the edges of the fascia together with chromic gut sutures, No. 2. As the tension was great we used the mattress form of stitching. To aid in supporting the abdominal wall and relieving tension on the fascia we inserted two mattress sutures of silkworm gut through the skin, about two inches from the edge of the incision down through the rectus muscle, and after the abdominal wound is closed we place a gauze roll or a roll of rubber tissue underneath the ends of these deep sutures, pulling them quite tight. These deep sutures are left in about four days.

The other case was one of strangulated umbilical herinia and was brought in by Dr. Braner, from Troy, Ill., as was the above case. This case had been operated on nine years ago, but the hernia returned in about a year. In this case the abdominal wall was very thick. After opening up the sack we found great difficulty in reducing the protrusion owing to adhesions and the constricted opening. After taking one blade of a blunt scissors and cutting the bands around the edge of the opening and also breaking up the adhesions, we succeeded in reducing it.

We found a portion of the omentum attached to the border of the hernial opening, and it was not, and apparently had not, been a part of the omentum which we had returned to the abdominal cavity. We simply trimmed off this omental tissue as well as the cicatricial tissue and peeled out the sack.

We now placed two silver wire mattress sutures through the fascia, about a quarter of an inch from the edge of the hernial opening. We placed them so the ends of the two sutures would be opposite to one another, so that while my assistant pulled on the ends of one suture I pulled on the ends of the other, and in that way we closed the opening, although the tension was great. This left small openings above and below the silver wire, which were closed with chromic gut. We now placed the two deep sutures of silkworm-gut in the same manner as we did those in the other case, and, after bringing the fat walls together with a continuous catgut suture, we stitched the skin, then tied the deep provisional sutures as in the other case. Both these cases healed by primary union and apparently had firm abdominal walls when they left the hospital, since which time I have heard nothing from them.

I use this deep provisional suture in all cases of hernia, including inguinal after doing a Bassini, and have never had a failure result, although a few cases have suppurated. I believe the fewer buried sutures we use in these cases, consistent with perfect apposition of contiguous tissue, the less danger there will be of suppuration. Providing suppuration occurs, the deep sutures of silkworm-gut are left to hold the tissues in as close apposition as is possible while granulation takes place.

DISCUSSION.

Dr. Lobert, Illinois: Three years ago I operated for thyroid. She had a small hernia, and we found adhesions around the opening. We used catgut for closing the lower tissue and silkworm for the superficial. I am glad to hear of others who had adhesions around the opening.

Dr. Daniel: In all cases of hernia I have used the silver wire. I have some two years old without a single return of the trouble. I understand the Mayos also use silver wire in their operations.

Dr. Wilmeth: I can not believe that as good results are obtained with non-absorbent sutures. No foreign body could be retained for all time without causing inflammation and suppuration. It would seem to me that in the relief of hernia I would never use a suture in the deeper structures that was not absorbent. Its presence in the structure is for the purpose of holding them in apposition until granulation takes place. It would be of no avail that a non-absorbent suture be retained in the skin after the necessity for the ligature had passed. It would not be any more necessary there than in any other location. It is my conviction that the smallest cagut that will do the business is the character of suture that I want to use. No matter where its location, I would prefer it to the best non-absorbent material. The latter invites infection, and the chances are great that it would occur. I do not think even five years is long enough to test it.

Dr. Helbing (closing the discussion): I agree with Dr. Wilmeth in part, but I hardly believe in laying down a rule that can not be broken. I do not think in the above cases any other form of suture would have done the work. I believe that the silver wire fortifies the wall. A cicatrix is formed there that I defy any hernia to get through. I have used the wire with success, which, after all, is the best proof of intelligent procedure.

THE THIRD STAGE OF LABOR.

M. F. Bettencourt, M.D., Mart, Texas.

In the case which we are to consider, we shall take for granted that all due care has been given the patient in her parturient state, that she has already passed successfully through the first and second stages of labor and that the third stage is now begun. The child, of course, is born and has pleased its mother and hailed the world with its first cry. The placenta is yet to be expelled, the cord has not been severed and the mother is having a temporary rest. With the delivery of the child its mouth has been cleared of mucus and the breathing has been started. Our attention is, therefore, directed to the mother.

We begin the treatment of the third stage by giving her a fluid dram of ergot, that, after the placenta is removed, we may have its assistance in keeping the uterus contracted. After this a hand is placed upon her abdominal wall, the fingers pressed down behind the uterine fundus and firm pressure made upon it in a rotary motion. This we continue until the uterus feels hard beneath the hand. This massage upon the fundus induces firm uterine contraction from above downward, literally causing a "peeling away" of the placenta from the endometrium, and at the same time minimizing the loss of blood. After this massage our attention is again reverted to the child.

If the baby's breathing is normal, if its color is a natural "baby hue," and if the pulsations in the cord are easily compressible, the cord is severed. We begin, however, by first "stripping" childward that portion of the cord nearest the umbilicus for fear that it might involve a fold of intestine, then compressing it with a large hemostat an inch or two from the body. Several inches away from the first hemostat we snap on another and between the two we cut the cord. All this we do under cover because of a consideration for the mother's feelings. After the cord is severed, the child is brought into plain view and the cord ligated with a thong of silk close to but internally to the hemostat, the excess of cord cut away, the hemostat removed and the child handed to the nurse. We prefer the use of the hemostats for the reason that they facilitate the work and because the compression that is given the cord externally to the ligature is an additional precaution in avoiding umbilical hemorrhage.

After the baby has been disposed of, the mother again receives our attention. Massage of the uterine fundus is again resumed and continued with one hand, while steady, gentle traction is made upon the cord with the other, describing, as the placenta descends, an arc corresponding to the pelvic axis. By this means the placenta is removed without delay. The continued massage has caused a gradual but complete contraction of the uterus, thereby separating the placenta from the uterine mucosa, avoiding any danger of uterine inversion, and at the same time minimizing the danger of postpartum hemorrhage. The patient and husband are instructed how and cautioned to perform this massage every few minutes for at least an hour. They are told that it will prevent hemorrhage and avoid severe after-pains. It is evident that if we keep the uterus contracted (and there is no better method than Crede's), hemorrhage can not occur except from a laceration and that no clots can form in the uterus to give rise to after-pains.

After the placenta is removed it is examined closely to see that it is "all there." We then examine the perineum, and, should it be lacerated, repair it immediately. Before leaving the house the pulse is noted and instructions are given for the care of the mother and the baby. The nurse is instructed to allow the mother to arise daily to stool, because we believe that the temporary erect position assists in draining the vagina of accumulations.

This is a short summary of the attention given our patient during the third stage of labor. It has avoided our having to wait for the afterbirth, the annoyance of retained placenta, postpartum hemorrhage and puerperal fever.

DISCUSSION.

DR. COOPER: Do you remove the afterbirth at once, or in a half hour?

DR. DUREN: I do not give ergot till labor is complete.

DR. SEVERS: I have been listening with much enjoyment to the way he uses his hands, and I recall a time when I was caught with three hands—right hand, left hand and a little behind-hand.

DR. BETTENCOURT (closing discussion): I do not claim to be infallible,

but I never have hemorrhage if I remove the placenta at once, and secure a firm contraction of the uterus. In regard to ergot after the child is born: When the drug is put into the stomach it is not absorbed at once; if you give it early it is ready to give you the effect when you need it. There is a possibility of the placenta adhering to the walls of the uterus so that it can not be peeled off, but I have never seen such a case.

TYPES OF THE NERVOUS UNFIT.

Amos J. Givens, M.D., LL.D., Stamford, Conn.

Classification has long been the battleground upon which neurologists and alienists have indulged in wordy warfare, assisted by reams of paper and pints of ink. The printing press has worked overtime, and many learned disquisitions have been hurled at or submitted to an inquiring, if somewhat pugnacious and befogged fraternity. What burning question of the day, for instance, "Home Rule" and "Votes for Women" not excepted, has evoked greater militancy than "What is Neurasthenia, and If So, Why?" Fortunately the disconcerting chaos which the wholesale rejection of the blanket-like applicability of this term or its prototype "nervous prostration" to sufferers with unruly nerves, might have brought about, has been averted by Janet's coinage of psychasthenia.

Life is a series of compromises based on successive progressive illuminations in the mental sphere. Let us be thankful, therefore, for both neurasthenia and psychasthenia (as terms), and unite on the sufficient working basis they afford, remembering that exact classification of the neuroses and psycho-neuroses is not always possible, and that, in truth, the multiplying of subdivisions and the attempted accurate pigeon-holing of patients under them, is a relatively unimportant and sterile part of a physician's work.

The psychasthenic, as Purves Stewart says, is born not made. There is something congenitally and constitutionally wrong with his mental digestion, something of reluctancy in the adjustment of his mental attitudes to the (to him) rough usage and appalling dangers of this world. What he, or more frequently she, in the proportion of 3 to 1, thinks he requires is a world nicely arranged according to his own ideas, yet he finds himself even then in great danger of being upset by his own personal microcosm, like the woman who, after carefully shutting out all external noises so she could sleep, found slumber impossible because of the insistent sound of her own circulation.

Psychoneurotics, of which psychasthenics are the most numerous representatives, are said to form at least 40 per cent. of the general practitioners' clientele. If therefore the family physician has the abundant time and multiplied gifts and faculties required for accurate diagnosis and treatment, it behooves him to study these cases long and carefully. Without such study and outfit, he will best command the confidence of family and patient by turning the latter over to a specialist in nervous diseases.

Many of the characteristics of the neurasthenic may be recognized in the psychasthenic, but in the latter the mental element predominates as manifested by his fears, follies, and obsessions. He abounds in fixed ideas and impulsions, morbid scruples, phobias, tics, agitations, and feelings of changed personality. This latter is a perfectly conscious impression, thus differing from the unconscious alternating personality of hysteria. Indeed the sense of changed personality in the psychasthenic, is more a matter of impression than fact, a partial, or as one writer has said, a molecular disintegration.

The feeling of changed personality may occur for that matter under normal conditions. This is one of the most interesting features of psychasthenia, namely, the presence in pathologic form of what in health is physiologic. This characteristic is itself a strong argument in favor of a more general, careful, preliminary study of normal psychology, a study too often cursorily passed over in the haste to reach pathologic phenomena. Thus fear is a conservative reaction, a reaction of defense and exists normally, observable for instance in our fear of fire or crossing busy streets. But we insure our house, regulate the furnace, put matches out of harm's way, go to bed and to sleep; or in the midst of traffic we watch a favorable opportunity, and alertly and with self-possession cross from one sidewalk to the other. Not so the psychasthenic. Emotivity is in excess; sound reasoning conspicuous by its absence. The inhibitory, corrective action of the reasoning faculties—weighing, balancing; passing well-considered judgment upon feeling, *per se,* is undeveloped or atrophied, is distorted or in abeyance, is evaded or ignored. An entirely inadequate stimulus, an intensity and duration out of proportion to the cause, stamp the emotions of the psychasthenic as pathologic.

The Greek language has been heavily drawn upon to describe his phobias or fears—forms of the dominant ideas of obsessions which oppress him. Thus we have the victim of pathophobia or fear of disease. Not every case unfortunately, is as speedily disposed of as the one reported by Angell in 1911. This patient was obessed by the belief she had softening of the brain, and was in a parlous condition nervously as a result. When astutely cautioned not to mention her condition to anyone, since syphilis was known to be the cause of that disease, she promptly decided her's was a mistaken diagnosis. Phthisiophobia and leprophobia are examples of the fear of disease.

Agoraphobia, the fear of open spaces, has been ingeniously attributed to the arboreal habits of our Darwinian ancestors, who, with reason, feared to pursue their activities where trees were not. The psychasthenic is also overwhelmed with a sense of helplessness or impending disaster if obliged to leave the shelter, not, to be sure, of trees, but of their modern substitutes, buildings, walls, etc., while the contrary obsessed individual is equally a victim of caustrophobia or the fear of enclosed places such as a church or theatre, and if obliged to remain in one will sit as near the door as

possible, meanwhile experiencing great mental distress. Fear of well-known places or locations, with unpleasant associations, has received the name of topophobia.

Ergophobia, or the fear of work, is not the obsession of the tramp alone, but certainly one of his leading characteristics. The chronic tramp is undoubtedly a psychasthenic under impulsion to perennially wander from place to place. He lacks concentration; his actions are incomplete, aimless, unproductive, while his unwashed aspect is not infrequently due sapophobia and aquaphobia.

Toxiphobia, or the fear of being poisoned, has a near relation, taphephobia, the fear of being buried alive. Sufferers from mysophobia, or fear of contamination, are numerous. These last may persist in repeated tubbings until their physical health is seriously affected. Constant hand-washing, however, is the most frequent manifestation of this obsession.

Ereuthophobia, the fear of blushing, is productive of the most painful sensations, and especially well illustrates the ego-centric nature of the psychasthenic. This results in all kinds of predicaments like that of the bashful man who, spilling a bottle of ink in his host's drawing room, in his embarrassment wiped it up with his handkerchief, and at the dinner table in the flurry of self-consciousness, mopped his face with the ink-stained linen.

Psychasthenics afflicted with rupophobia are afraid of objects, whose nature is largely immaterial, ranging in kind from flowers to flatirons. The fear of cats, one of the less commonly objectionable objects, Weir Mitchell denominated ailurophobia. It not infrequently occasions so-called "cat asthma," and nausea, distress, and terror.

The impulsions of the psychasthenic are an interesting study in themselves. It seems paradoxical that the fear of committing an act repudiated by conscience or common sense, to use familiar terms, should yet impel one of its completion, yet in abnormal states this is often true. Such disequilibrium should command our sincere sympathy and most painstaking efforts to restore the mental balance. "Every idea imposing itself upon consciousness in spite of the will, thus interrupting the regular course of thoughts, is an obsession," says MacDonald, and, "every act consciously performed, but which can not be inhibited by the will is an impulsion."

These manifestations of psychasthenia include nymphomania, pyromania, kleptomania, dipsomania, the impulsion to eat known as sitomania, arithmomania or the counting impulsion, onomatomania exhibited most commonly by the painful search for certain words, oniomania or the impulsion to purchase articles however useless or unsuitable, and so on ad infinitum. As a rule another psychosis must complicate the psychasthenic state before the more serious impulsions, excepting those of the sexual sphere, are translated into acts, for psychasthenia occupies an intermediary place between the neuroses and psychoses.

Simpler obsessions are the manias of orderliness, precision, repetition,

etc. The latter is illustrative oftentimes of the well-known mania or folly of indecision, an example of which is the psychasthenic who writes a letter and seals it, fears that it contains something amiss, opens it to reassure himself, is unable to convince himself it is all right, tears it up, yet within an hour pieces it together again. The most trivial decisions are seemingly beyond the will power of these sufferers; the very vacillation to which they are subject frequently leads them into extravagant extremes when action is finally achieved.

The mania of questioning, "folie du pourquoi," forms an endless vicious circle of interrogations and answers; new questions, new speculations perpetually presenting themselves in spite of the agonizing efforts of the sufferer to banish them from his mind. Some of these questions will be most insignificant, others dealing with the most abstruse subjects, until the arguer resembles Milton's fallen angels who—

> "reasoned high
> Of providence, fore-knowledge, will, and fate,
> Fix'd fate, free-will, fore-knowledge absolute,
> And found no end in wand'ring mazes lost."

Compulsory motor activity is well illustrated in the tics which have their genesis originally in physiological acts having a definite object. The pathological nature of these manifestations is revealed by their imperative character, frequent repetition without excitation, and limited power of control accompanied in its attempted exercise, by great uneasiness and distress.

The tics of the nervous unfit of the psychasthenic class are extremely numerous, including snuffing, licking the lips, biting, grinning, scratching, twitching, nodding, gulping, grimacing, gesturing, winking, hopping, snapping the fingers, suddenly uttering obscene words (coprolalia), or repeating words or sounds (echolalia), mental torticollis, etc. Attempts at repression of these manifestations sometimes result in what has been aptly termed a "spasmodic debauch."

The attention of the tiquer can be so diverted as through the production of neutral or antagonistic acts, as to prevent temporarily the tic, and this fact has been made use of in treatment by psycho-motor discipline and inhibition gymnastics.

Even this passing reference to therapeutics affords a tempting opening to further discussion. A second paper, however, would be all too short to elaborate the topic of treatment which is hardly secondary to that of diagnosis, however much the minutiæ of the latter must and should engage the attention.

Nothing can be more of a challenge to the trained mind of the specialist, than the problem of selection from out the various therapeutic measures at his disposal, of those most nicely fitted to the needs of the individual

patient, and especially those supplied by the application of psychoanalysis and the skillful re-education of that will which should ride the whirlwind and direct the storm, dominating and ruling the passions and instincts of mankind. But this paper has to do exclusively with calling attention to the manifold types of the nervous unfit of the psychasthenic class, to that partial disintegration of the psyche for which we are to find the synthesis, to the characteristic almost endless vagaries and variations of these sufferers who are assigned, as it were, in their mother's womb to future painful efforts to adjust themselves to their environment and to the requirements of the social body.

In the light of our increasing knowledge of the etiology of nervous affections apart from the purely physical basis, cases of the nervous unfit can no longer be superficially dealt with by conscientious practitioners, nor can we leave this increasing number of members of society practically incapacitated for normal living, to the mind-curist, pseudo-scientist, charlatan and quack. We must insist that therapeusis shall be based upon the symptomatic revelations obtainable by the intelligent and patient application of the most modern diagnostic methods. And to the latter we must add what Dr. John Brown of Edinburgh ascribed to Hippocrates, Sydenham, John Hunter, Pinel, Laennec, and other great men in the profession, namely, "that native sagacity, that power of keen, serious choice, patient, continuous, honest observation, which is at once a gift and a habit . . . that general strength and soundness of understanding, and that knack of being able to apply knowledge in practice, which must ever constitute the cardinal virtues of a great physician, the very pith and marrow of his worth."

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Walton: Classification of Psychoneurotics, and the Obsession Element in Their Symptoms.

The National Eclectic Medical Association

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INDIANAPOLIS, JUNE, 1914.

The next National Eclectic Medical Association will meet in Indianapolis June, 1914. The location is ideal, easily accessible from any part of the United States. The Indiana Eclectics will see to it that each member has a royal good time.

If every Eclectic physician in the United States could be persuaded to leave his or her work for one week in June of each year, and attend the National Association what a world of good could be accomplished! Each one would go back home strengthened physically with many helps for the betterment of his work, with more confidence in medicine than ever before—worth more to the community in which they live. If each member of the National would see to it that every Eclectic in his community join the State and National Association, it would not be long till every Eclectic would belong to this society. Then good State meetings would be the result and large National meetings each year would command respect from all the people, and Eclecticism will come into its own.

Brother Eclectic, you have the best means of relieving suffering humanity that has been been thought out—direct, simple, effective, positive. You are worth more to the people you live among than any other man or woman. If you don't believe this leave them one week next June, attend the National Association, and when you return you will hear from all sides how they wished for you, and how you were missed. Your people will then begin to appreciate you and value you at your true worth. You will lose nothing financially. Your practice will be larger, for your people will know that you have learned something at the National meeting which will be of benefit to them.

Begin now to plan for the meeting next June, by making closer collections than ever before; by noting carefully the actions of the different specific medicines used, especially the hypodermic use of the specifics;

by noting the little things that are occurring every day, they are of more use than the rare things. Make a careful study of some remedy or disease, then report your findings. Don't wait for a section officer to ask you to write your observations. Notify the proper section officer that you intend to have a paper for his or her section. This is as much your duty as it is the duty of the officer to ask you. Ask yourself, "What am I doing for the good of Eclecticism or the whole study of medicine if I do not attend the meetings?"

You isolated country physician, who has worked years without a helper, have been thrown on your own resources hundreds of times and worked yourself out of many tight places, you have lots of facts and experience that will be helpful to us all, if you wlil only tell us about them.

If each member of the National will do his or her full duty from now on—attend the State and National meetings (both of which need him, and he needs them) regularly, there will be an end to vicious medical legislation all over this land. W. S. Glenn, M.D.

THE DALLAS MEETING.

Another chapter has been added to the record of our proceedings. The meeting was harmonious, full of instruction, but the attendance was not such as could be desired. While we did not anticipate a large attendance from the East, North and the extreme West, on account of the distance, still we anticipated a much better showing from the South. Texas did nobly with over two-thirds of its paid-up membership in attendance and when we talk of Texas we speak of an immense territory, as some of the members told me it took them two days to make the journey to Dallas. We anticipated meeting more representatives from Arkansas, Oklahoma, Florida and Georgia, but we were very much disappointed. In fact there was not a single representative from the State of Georgia where there should have been twenty-five or thirty. We can not account for this lack of interest on the part of our Georgia friends.

There was no material changes made in the rules governing our association but the desire was evidenced for a closer co-operation on the part of the various State secretaries with the Committee on Organization. Next year we purpose introducing an innovation which will be a meeting of the various State secretaries with a program of their own. So we take time by the forelock and urge the State secretaries to come prepared with some suggestion that will aid us in our work. This was the suggestion of Dr. R. J. Lambert, and we anticipate that we will put the arrangements of the program up to him and hope to have a good meeting.

The reports of the various officers show the finances in a reasonably good condition which could be bettered. Let us get busy during the coming year and see what can be done in improvement along the entire line. Medical legislation uncontrolled, runs rampant and to have a voice in these matters a thorough organization is essential, so each do all he is able to do

to perfect this organization. Remember that much of this legislation interferes materially with the work of the physician and to offset this we must work as a unit. M.

CONSISTENCY.

If we may accept the report of the address of Dr. John A. Witherspoon, Nashville, Tenn., President of the A. M. A. at the recent meeting held at Minneapolis, Minn., the doctor "chose as his central theme the problem of establishing a national health department as a subject most suitable for the occasion."

Among other good things the doctor is reported as saying is his high tribute to the present federal health officers and their efficient work in the Canal Zone. He is reported as follows:

"The Panama Canal was a monument not only to scientific engineering but also to sanitary science. Formerly the death rate in the Canal Zone among foreigners was 170 per thousand, now it was 8 per thousand."

It would seem that if the betterment of the health of the whole people of the United States were the only and real object of the efforts of the A. M. A. that they would do well to let the present officers, whose efficiency is so highly, and no doubt justly, lauded, continue to attend to matters relating to the public health. If there is to be any change why not add to the efficiency of the machinery already so able to care for such world wide known unsanitary state as existed in the Panama Canal zone when the present officials took charge there a few years ago?

Why should the Legislative Committee of the A. M. A. devote its efforts to the establishment of a health department and work at the task for twenty-three years if there is no other object but to supplant so efficient and effective system of sanitation as is evidently organized and carried on under present laws and those charged with their enforcement?

"Should not the people at home have the same protection as those in Panama? It had ever been the aim of the profession to add to the health and happiness of the race, yet there were those who would stay this progress."

It would be going far to accuse the good doctor of hypocrisy, but if his words have any meaning at all the preventive efforts of the present sanitary officers leave little to be achieved by the substitution of the pet arrangement which would tear down a well-established and competent institution free from the influences of medico-political activity to try the unknown so-called Medical Department to be dominated by men hungry for power and drunk with the success already attained in the domineering of American institutions.

Again, would the good doctor or the A. M. A. care to have the medical world take the following statement at its face value in the light of the past history of medical legislation and medical dominance emanating from the leaders of the above mentioned body?

"The profession would welcome any force, any 'ism' cult or sect that could truly help in the betterment of man's life." Is this cant, hypocrisy, or is it an ingenious bid for the good will and consequent inactivity of the various "sects" in medicine which have existed and legitimately, and in spite of the efforts of the old school medico-politicians whose time and money have for years been freely spent to stifle honest difference of opinion and teaching in things medical.

Nor is this all. The very "sects" which have had to fight for legitimate existence and have always won in the eye of the law, when law was resorted to, owe their very inception to and were perpetuated in the name of the people and their betterment.

This same body which now relegates to itself all the humanitarian effort and is so anxious to have a Department of Health whereby it may compel the dear people, willing or unwilling, to bow to the dictates of a school of medicine which less than a hundred years ago was one of the relics of the dark ages; and from what source, may we ask, has this over weaning desire to better the practice of medicine and the health of the people arisen?

The men who took the lead out of the darkness and wilderness of the ignorance of medieval medicine and established a practice for the conservation of life and led the way to an era that now makes it possible for the death rate to be reduced from 170 per thousand to 8 per thousand in a place reeking with disease are to be crushed by this Juggernaut of the A. M. A. which hopes through the Medical Department to be able to at once remove from the United States any and all who shall be free and independent enough to hold an opinion other than sanctioned or promulgated by the A. M. A.

The good doctor takes a fling at the accusation that the A. M. A. is a "medical trust." He then takes some pains to show that the organization is democratic. "The individual membership is fresh from the county societies, and this membership is represented on the governing board. There is no way of making greater democracy." Possibly not in the A. M. A.

He does not tell us that out of the 140,000 physicians in the United States their membership, now at flood tide, is only 35,000, and that very few of that number, as he states, have any say in the action of the A. M. A. as such.

W. P. Best.

THE OWEN BILL.

The persistent framers of this bill are again besieging the halls of Congress urging for its passage. They are even invading the precincts of the White House in order to enlist the sympathies of the President.

The claims of its friends in favor of its passage are fantastic, illogical and in some measures untrue. In fact the trade argument used by them, "Millions for the hog and nothing for the child," is absurd. It is a catch argument used to gain the sympathy of the unthinking, it is the same old

gag of the demagogue and practical politician; a play to the galleries for votes.

It is perplexing to one who attempts to follow the supporters of this bill, at the attitude they assume. In one breath they praise the Public Health Service for its magnificent work, and in the next they condemn it for lack of administrative ability. Whether the administrative ability will be in evidence when the service is placed in the hands of political politicians selected not for their worth, but for the service they have given to the party in power, is a question. If our law makers would only look more to the interests of the people at large rather than to party organization and self-interest it would be far better for our Nation. We are perfectly aware that some of the senators have committed themselves to this bill. If these same senators would look to the history of its inception and note the character of the men that have been behind it from the beginning until the present I am very much in doubt whether they would be so ardent in their favor of it. The originator of the bill was one time a very ardent aspirant for a cabinet office in a recent administration. At another time he desired to be United States senator and used the power of the American Medical Association in his attempts to gain the prize. At another he desired upon the death of one of our surgeon generals to be appointed to that position, though not in the service. It is the same old cry for political pull, for the power that animates the entire movement, not the desire to benefit the people. At the recent meeting of the American Medical Association evidence was given the fact that our President whilst investigating lobbies has reason to have his attention called to the lobby maintained by this Association. Lobbies not only at Washington, but in every State in the Union are lobbies maintained. This is the secret of their immense power. With their wealth a small coterie of men led by one, who if reports are true, has been as low as any patent medicine man or quack whom he now decries, they are enabled to maintain these lobbies and dictate medical legislation. It is not the good of the people, it is the personal pelf that is desired and it has always been a matter of surprise that men of such high standing as some of the men associated with him will submit to his dictation. It is a well known fact that when any department is placed in the control of party politicians its efficiency is in some measure destroyed. The Medical Reserve corps exhibits that fact at present and the accusations and charges now being so freely made does not look well for the efficiency of that branch of the Government Medical Service. Such will be the fate of the Public Health Service as soon as placed under the control and whims of party politicians. This service has been free from the machinations of politicians. Why not let it alone and let its pursue its work as efficiently in the future as in the past? Its work speaks for itself, in the report of Surgeon General Blue and the appropriation made by Congress for the several branches for its service. It at once shows the fallacy of the charge, that the sponsors of the Owen Bill have been so industriously

making, "Millions for the hog and nothing for the child." It is not necessary for me to quote from this report, for by writing to your Congressman you can secure the report for yourself which shows the work done by the Public Health Service in the past year.

It is also a well known fact that the health measure and quarantine duties has been classed among police regulations and that the United States Public Health Service can only co-operate with the health boards of the several States when so requested by them. They can not come in and take charge, unless requested. This was shown during the time of the flood in Ohio, when the Governor of Ohio requested the Public Health Service to take charge and you who live in this State realize full well how efficiently the work was performed. We, who are a little older, can well recall the days of shot-gun quarantine during the epidemics of yellow fever of the South when cordons was thrown around infected districts. Now, by reason of the efficiency of the Public Health Service, yellow fever is practically unknown in the district where its annual visitation was looked upon with horror. We could go on reciting example after example of the efficiency of this Service. Its services should be appreciated and its powers should be enlarged and should be kept, if possible, free from the tentacles of party politicians; as we have previously stated, it is the glamour of power and the desire to entrench the party in power that too often animates our legislators and not the good or welfare of the masses, and the country would be far better off if good, honest, common sense would animate our statesmen rather than the desire to pass many and useless laws. M.

FEE SPLITTING.

At this season of the year, at the time the medical associations meet, we are being regaled by an abundance of resolutions regarding fee splitting. Personally I take no interest in such matters and feel that these high sounding resolutions are but oftentimes the vociferous exclamations of a guilty conscience, trying to ease itself. No amount of resolutions can make a dirty man clean, nor make an immoral man moral. They are unnecessary and always seem to me like grand-stand plays and does no one any good but degrades the medical profession in the eyes of the public and has a tendency to lower its standards. Resolutions, no matter how good, will not raise the standard of medicine nor the morals of men. It needs action. Nor will they in any measure have a tendency to lessen the pernicious practice nor pernicious conditions existing. I doubt very much whether even a code of ethics is of any importance. It will not make a bad man good, nor will it have any tendency to strengthen the morality of the naturally moral man. In other words, my idea of the matter is the resolutions of medical societies and long condemnations and tirades in journals are of non-effect. The trouble is, so often the introducers of the resolutions and the loudest in declamating the practice are the guilty ones and the original organizers of the system. Not only is this frequently true, but

H. K. STRATFORD, M.D.

the ones loudest in the approbation of the code of ethics are the ones who most frequently fracture the Golden Rule, which is the only code necessary for the guidance of a man in his private as well as professional life. High sounding resolutions will not make any difference. I can not say as I am opposed to fee splitting, nor do I think it dishonest, if it be done in a proper manner. The question naturally arises, what is the proper manner? I can not understand why a surgeon should receive an exorbitant fee and who secures his patient by reason of the persuasion and the work of the practitioner, and after a few hours work retires and assumes no further responsibility whatever, should be so loud in his denunciation. Very frequently the diagnosis, the persuasion and preparations are all done prior to him being called to the scene. The after-treatment lies in the hands of the practitioner and oftentimes, if any bad results follow, the practitioner is blamed for the disastrous results, while the surgeon goes with his fee and is relieved of all responsibility. Often the ultimate success of the case depends upon the skill and ability of the man who has the after-treatment of the case. Why then should the surgeon receive the large fee and the general practitioner the mere pittance and all the condemnation if he secures anything for himself in addition. I personally make my charge and the surgeon's and my family knows just what the surgeon is to receive. Everything done openly, the fee charged is for the surgeon, yet I do not condemn the physician who splits fees with the surgeon, as this method is frequently for self preservation. We are all human and all must make a living, or we all have a living to make, so long as it is done honestly no society has anything to do with it. I can not see any difference in splitting individual fees than awarding the physician the entire fee for the sending of a certain percentage of the cases sent to the hospital. Or in other words, every third or fifth case. These methods are employed by some loud in the denunciation of fee splitting. Surgeons are not "the only pebbles on the beach," even though they fancy so. They are human and make as grievous errors as the physicians.

There are more grievous errors in the practice of medicine than fee splitting and I am acquainted with some very high in the councils of the profession who are very loud in their acclamation for clean men in whose hospital it is dangerous for another surgeon to send a case else it will be stolen from him. Honesty and confidence is far more important to the welfare of the profession than fee splitting. Morality is of higher importance. What constitutes duty is of great importance. Just at present there seems to be a wonderful alacrity for those considerably high in the councils of medicine to see their names displayed in the public print in connection with some medical topic and the data or announcement of some wonderful operation. They do not confine themselves to the public press, but their addresses, pictures, etc., appear in the lay journals and popular magazines. Only today I read in one of our papers of a certain prominent professor connected with one of the large Eastern universities discussing

a cure in the nature of a vaccine for influenza. Is this any more ethical than splitting fees? or is it no crime for a highbrow to display themselves in the public print, while the common man must confine his energies to the actual work without comments from a local paper? It seems as though "circumstances alter cases," in professional as well as in private life. Or in other words, our position financially or professionally makes a difference. As it is in our daily walk, the highbrow is permitted to do things that will not be tolerated in the lower or humbler walks of life. M.

THE OLD GUARD.

We present our readers this month with portraits of the four living charter members of the National Eclectic Medical Association and of the only living charter member of the Ohio Association. We commend the stability and energy of the lives of these men as a pattern for our younger men. It was their stability and efforts with that of their associates that paved the way for whatever success we have attained, and that secured for us the right existence and to practice our chosen profession. Shall we lose this inheritance? The answer is for you to make. It now appears that the power of money, coupled with cupidity and a strong political lobby, will ultimately rob us of our constitutional rights. Personally I favor an appeal to the courts, to maintain the rights descended to us from the efforts of these men and their associates.

Biographical Sketches.

Henry Knox Stratford, M. D.

Dr. Henry Knox Stratford was born in Oxford, Worcester Co., Mass. He is a grandson of the widely known Judge Richard Olney. A great-aunt, Mrs. Wheatley, was the real founder of Dartmouth College. She interested Lord Dartmouth, an English nobleman, and secured from him the first gift of £1000.

Dr. Stratford took his medical course at Albany College, in 1844. In 1855 he came to Chicago, and has practiced in Chicago and Austin, which is now a part of Chicago, ever since. Although now ninety-two years of age, on the sixth day of August, it is less than two years since he discontinued practicing, and in fact yet prescribes for some of his special friends.

Dr. Stratford has served two sessions as President of the Illinois State Eclectic Medical Society, and in 1884 and 1885 he served as President of the National Association, which met at Altoona, Pa.

In 1870, with Drs. Jay, Clark, Scudder, King, Johnson, Olin, Garrison, Davis, Baker and others, he organized the National Eclectic Medical Association, and is therefore one of the four charter members living.

The doctor has recently sustained a fracture of the great trochanter of the left femur, which will leave him a cripple for life, but his mental faculties are as acute and vigorous as in the past and he talks most interestingly

STEPHEN B. MUNN, M.D.

of everything pertaining to Eclecticism and the National Association. In 1880, in Chicago, he presented the Association with the ivory gavel which is now used by the presidents of the Association.

STEPHEN B. MUNN, M.D.

Stephen Benjamin Munn was born at Southington, Conn., Sept. 8, 1827. His parentage was originally Scotch, but may be better described as Yankee, of the distilled character found in that State. His father died six months before. The family was in straitened circumstances, and young Munn had privation and hunger to endure as well as cruelty.

In 1833 the family removed to Farmington, where he for a short period attended the district school. Children did not learn much at school in those days,—little except to read, write, and obtain a little knowledge of arithmetic and geography. On Saturday afternoons the exercises consisted of a reciting of the Catechism and the "Saybrook Platform"—a statement of the Doctrines of the Congregational Church of Connecticut. It was Calvinism of "the most strictest sect."

He was always diligent as a pupil and "devoured" every book and periodical that came in his way. This was the practice of his lifetime. In this way he afterward mastered the literature of his two professions, becoming expert as a physician and far from deficient in operative surgery, besides obtaining a fair knowledge of Greek and even somewhat of German.

At the age of eighteen, he was married. He kept on at work in the shop, continuing to study medicine as he was able. He changed his residence several times, going to Williamsburg, N. Y., in 1850, then back to Southington, and afterward to Hampden, Conn., where he lived three years.

Having a fluency of speech and a fair share of theological knowledge, he was not long in trying his ability as a preacher in the Wesleyan Connection. He was placed on a circuit, laboring in Vermont and Massachusetts, as well as nearer home. He served two years at Bridgeport, and then in 1857 went to Pawling in New York.

Here he became acquainted with Dr. Josiah Arnold, a veteran physician of the Reformed school. Dr. Arnold was desirous to withdraw from active practice, and he urged him to become a practitioner. Under his advice and direction Dr. Munn now engaged in the study of Dr. Beach's works and the writings of other writers of the American School. He then began active practice with gratifying results.

He left Pawling in 1861, and removed to Litchfield, proposing to discontinue the practice of medicine. But the fame of his skill had followed him and his services were sought. He found it impossible to quit the new work. He next came to Waterbury as a preacher but found the calls upon him for medical treatment exceeded those made for spiritual encouragement. He resolved to adopt the new profession. Accordingly, in 1862, he removed with his family, a wife and three children, to Waterbury. He soon had abundance of business. It was remarked that while the patrons

of other practitioners often changed their physicians, Dr. Munn seemed generally to retain his, and enjoy their confidence.

He now became an active member of the Connecticut Eclectic Medical Association, and was zealous to extend its influence. As soon as the Eclectic Medical College of the City of New York was opened he became a student, and placed his son in it soon afterward as a pupil. He was one of the first who took part in forming the present National Association. His assiduity in attending the meetings of that body has not been equalled by any other member. He was always ready to take any part of the work, and to share any responsibility. Instead of the "outings," now so generally taken, he had the annual meetings of this body for his diversion, if the often tedious journeys, the exposure to vicissitudes of weather, and the labors incident to the sessions can be looked upon as relaxations.

Nor has he been altogether unhonored. He has been repeatedly chosen to arduous service on important committees. In 1876, when the National Association met at Washington, he was active in the proceedings and became vice-president. In that capacity he called the meeting to order the next year at Pittsburg, and made his half-day of service conspicuous by his readiness to hasten the transacting of business. He was then elected president, unexpectedly to himself.

His official term was characterized by unusual efficiency. The Association had been dwindling away, and its dissolution was actually contemplated. There had never been much cohesiveness among professed Eclectics, but a great deal of rivalry and jealousy. The Association was weak, in that it was in no real sense a representative body. It had not a member south of the Potomac or Ohio River, or west of St. Louis. But now a constitution was adopted avowing its principles and transforming it into a representative body. The new president set himself at once to the arousing of interest in the organization. He addressed letters far and wide to the various practitioners, labored to develop greater zeal in the several organizations, and spared no endeavor which should ensure to the welfare of the Association. His annual address was of the character of a message to a legislative body, setting forth what had been done, and what it was essential to do henceforth. A new life was manifest, and the advantages were manifest. Dr. Munn delivered the presidential office to his successor in 1878, no longer, apparently, moribund, but in healthy condition, and prepared for a career of beneficial activity.

He did not stop here. Many of the presidents of the National Association have virtually given up all interest in its welfare when they surrendered office. Dr. Munn seems rather to have regarded his previous holding of position as imposing on him obligations to greater activity. He has fairly lived up to that conviction.

John Alexander McKlveen, M.D.

John Alexander McKlveen, M.D., is the oldest practicing physician in Chariton, Iowa, having located at this place in the spring of 1866. He was

J. A. McKLVEEN, M.D.

born in Westmoreland County, Pa., November 28, 1835. He is of Scotch-Irish ancestry.

Dr. McKlveen was educated in the public schools of his native county and at Sewickley Academy. In early manhood he engaged in teaching, following this profession for several years, in Pennsylvania and Ohio. He began the study of medicine in the office and under the tutorship of Dr. James Loar, of Mt. Pleasant, Pa., in 1858, and continued there until the fall of 1860, when he took his first course of lectures at the Physio-Medical College of Cincinnati, Ohio. He then engaged in the practice of his profession in Pleasant Unity, Westmoreland County, Pa., where he remained for two years. He afterward practiced for a short time in Ohio, Indiana, and Illinois. Not finding a location to his liking, came to Iowa, in June, 1865, where he spent some time in search of a satisfactory location; finally settling in Chariton, Lucas County, where he has since remained. He has never had reason to regret his choice, as in the years of his long residence here he has always had an excellent practice and ranks with the leading physicians of Southern Iowa.

In 1872 he took a course of lectures in Bennett Medical College, of Chicago, receiving his degree from this institution. From the age of sixteen, he was entirely self dependent, paying his own way through college. He served as President of the Iowa State Eclectic Medical Society in 1875-76, and was re-elected to the same position in 1894, and again in 1895. He is a charter member of the National Eclectic Medical Association, which was reorganized at Chicago, September 29, 1870. He served as second vice-president of the Association, at St. Louis, Mo., in 1904, during the Worlds' Fair, held at that place. He has been Railway Surgeon for the Chicago, Burlington and Quincy Railroad Company, and still fills this position. He was president of the Board of Examining Surgeons for pensions, for four years, during President Harrison's administration. In the year 1896 he took a post-graduate course at the Post-Graduate Medical College and Hospital in New York City, N. Y., receiving a degree from that institution. In 1898 Gov. Leslie M. Shaw appointed him a member of the State Board of Health and Medical Examiners, of Iowa, which he held for a little over seven years. During the time he was on the State Board of Health he became a member of the American Public Health Association, also a member of the Provincial and National State Boards of Health. 1901 the State Board of Health appointed him a delegate to the British Congress on Tuberculosis which was held in the city of London in July of that year; and at the same time he was commissioned by Governor Shaw to investigate the methods of introducing practitioners of medicine into Europe. It is needless to say the outlook in this direction was not flattering. While on this trip the doctor was accompanied by his wife and daughter, and they spent three months touring the British Isles and the continent.

On November 10, 1868, in Freeport, Pa., Dr. McKlveen was united

in marriage to Miss Kate M. Kennedy, daughter of Dr. John Kennedy, of Armstrong County, Pa. By this marriage three children were born, only one of whom are still living. The wife and mother died September 22, 1882. The doctor was again united in marriage to Miss Mary Genevieve Milthorpe, October 30, 1899.

The life work of Dr. McKlveen has been a success, and he has accumulated a competency. His time is now largely taken up with his office practice, though he occasionally attends calls in the city, under reasonable circumstances, and attends consultations when called upon.

Socially, the doctor is connected with the I. O. O. F., in which he has served as Past Grand, and is a member of the Grand Lodge of Iowa.

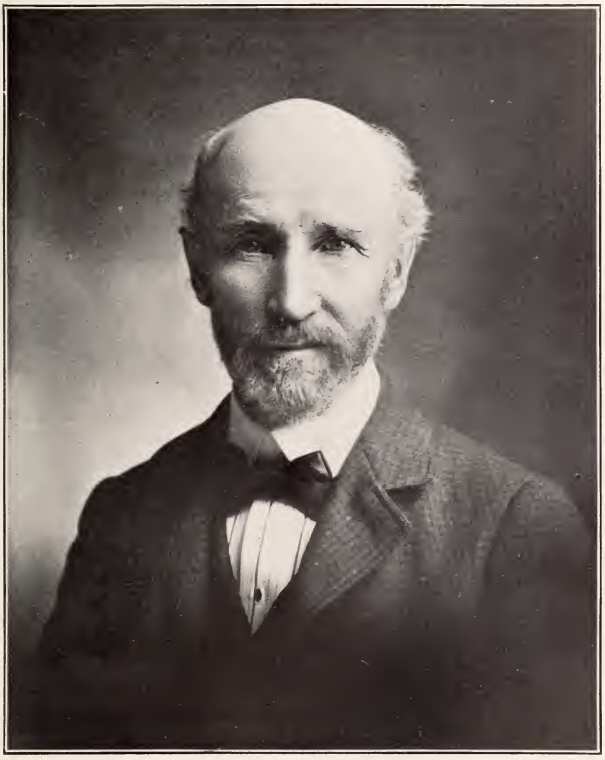
In politics he is a Republican, and has served his district as State Senator, in the 32nd General Assembly. In his religious views he is liberal. Prominent in his profession, he is one of the best known and most highly esteemed of Chariton's leading citizens.

V. A. Baker, M.D.

Dr. V. A. Baker was born March 30, 1832, at Watertown, N. Y. He read medicine there with Darius Nateman, M.D., when he located in Carthage, N. Y., sixteen miles from Watertown, entering into partnership with Dr. J. W. Owens, remaining together six months, when Dr. Owens retired. Dr. Baker remained practicing there nearly eight years when he received an appointment to the chair of Physiology and Physical Science in the Metropolitan Medical College, N. Y., where he remained six years, resigning on account of ill health. In the meantime he moved from Carthage to Mexico, N. Y., practicing there from 1860 to 1866 when he removed to Adrian, Mich., remaining there ever since, part of the time being associated with his brothers, Dr. S. T. Baker and Dr. H. L. Baker.

In 1853, while practicing in Carthage, N. Y., the Jefferson County Medical Society was organized. It is learned the society meets occasionally, but is practically disbanded; in fact, all except Dr. G. D. Hewitt, of Carthage, and Dr. Baker have answered the last summons.

Outside of district school training he attended the Evans Mills Academy and the Jefferson County Institute. He was really country born and bred, having in early boyhood lived on a farm. The time in which he lived select schools were common and an uncle being a noted teacher, he was highly favored by attending his classes. He attended two terms of the Syracuse Medical College, graduated and was valedictorian of his class. At a regular meeting of the trustees of this college he was given the chair of Theory and Practice of Medicine and served in that capacity two years. He also attended the Eclectic Medical College of New York City in 1872-73 at which time he also served as a member of the faculty. In 1884 and 1885, the Florida University, which had not been operated during the Civil War, was reorganized with a full faculty of teachers, he being appointed to the chair of Practice of Medicine and Medical Clinics, which



VINCENT A. BAKER, M.D.

he held three years, his services ceasing on the removal of the medical department to Jacksonville, Florida.

Dr. Baker is a charter member of the National Eclectic Medical Association and has donated his entire set of volumes of the N. E. M. A. to the library of Carthage, N. Y. At the meeting held at Niagara Falls, N. Y., he was elected to occupy the chair to be made operative at the 25th annual meeting to be held at Waukesha, Wis., June 18, 19, 20, 1895. The public address was delivered in the evening of June 18, by the writer, who was president for that year.

The Michigan State Eclectic Medical Society was organized early in the sixties and experienced a wonderful growth but was made up largely of the dregs of the society, finally necessitating reorganization which was done. No applicants were eligible to membership except they pass an examination of censors. The preliminaries to a renewed membership being accomplished, a charter was applied for and obtained and though the membership was not so large the riff-raff of the older society was weeded out and men prominent and in good standing and worthy were admitted to membership. The society was chartered assuming the name "State Eclectic Medical and Surgical Society of Michigan."

Dr. Baker has always had the best interest of Eclecticism at heart and prior to his declining health, several years since, he now being in his eighty-second year, has been an active member, doing his part financially as well as dutifully. He is truly a self made man, receiving aid from no one and now has plenty for himself in his declining years and some to spare to a brother in distress. He has aided eighteen young men in going through a collegiate course or as office students.

The younger members of the medical profession or any who may chance to read this statement will please bear in mind that there was no such facilities to acquire a medical training as is afforded at the present time. Post-graduating courses were rare. Anyone desiring to practice medicine need only to hang out his sign, which seemed to be as effectual as a graduating course at the present time. Dr. Baker's brother who was at one time practicing in Toledo, Ohio, was called to visit an invalid in Ohio and after attending to his patient and while waiting for his train was informed that there was an Eclectic doctor in the place and thinking to call on the doctor while in waiting, passed by the doctor's office. He noticed hanging conspicuously the doctor's sign, which read, "Dr. Blank, M.D., Eckleckticck Healer. All business warranted." The brother deferred the call.

From time to time there has been inquiry as to the cause of the trouble with the first organization of the society. As to numbers constituting the old society they were strong and doing nicely, but a certain member had an ax to grind, a patent to sell, which in his effort to introduce gave an opportunity to circulate with his instrument throughout the State, visiting especially all that made any pretentions to practice the healing art, also shoemakers, carpenters and mechanics of all sorts were shown how easy

was his machine to take upon medical practice and become full fledged doctors. This person seemed to have no scruples about it, being on the board of censors, and dealt out pledges to see them placed in the State society and before it was realized the majority of the membership was made up of persons that had very little knowledge of the healing art. A call endeavoring to correct this by having questionable, in fact all in the society to sustain a re-examination, but it did not work and a meeting was called and a new society formed. It, however, made a breach that was never healed and Michigan having a goodly number of Eclectics that should become members, seem to be lukewarm, fail to attend the meetings. Financially the society stands well but needs a revival and a general awakening, not of Michigan members only, but a general awakening. We have the material, shall we have the rest? In principle or in practice Eclecticism need take no back seat. Our brethren of all schools, allopaths, homeopaths or what not, come to the great garden of nature for their supplies too often without giving credit when credit is due.

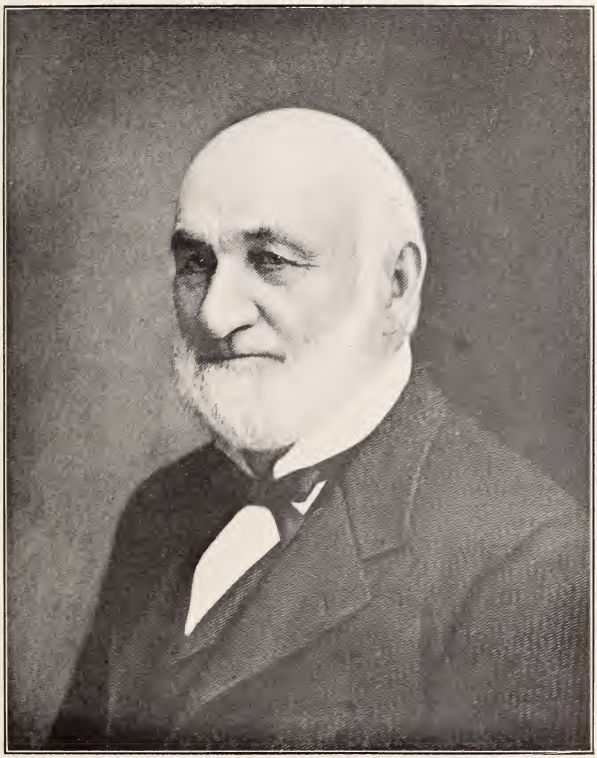
Wm. Shepard, M.D.

Wm. Shepard, M.D., was born in 1825 at Canandaigua, N. Y. He studied medicine with Dr. Halstead, of Rochester, New York, and graduated in 1853 at the Eclectic Medical College in Cincinnati, Ohio, and married Charlotte Emily Rose, of Alexandria, Ohio, in 1852. In 1853 he opened the Shepard Sanitarium at Columbus, Ohio, and conducted the same until 1893, then selling it to the Shepard Sanitarium Co., having conducted it fifty years.

In 1893 he opened and started with Dr. Bishop McMillen the McMillen Sanitarium, for the treatment of the mentally unbalanced, of which company Dr. Shepard is and has been president from the beginning.

He is the only living charter member of the Ohio State Eclectic Medical Association which was organized in 1864, and is one of the older living charter members of the National Eclectic Medical Association. He was one of the first trustees of the Franklin County Children's Home and was a member of the Ohio State Legislature in the years 1886 and 1871. His wife died in 1887. The same year he was a Republican candidate for Congress and being in a democratic district, cut the Democratic majority down from 3700 to 2700.

He was made a Mason in 1857 and has taken all the degrees in Masonry in the York and Scottish Rite bodies. He is a Knight Templar and a Thirty-third Degree Scottish Rite Mason, taking this degree in 1886. He was active during the Civil War, but an invalid wife kept him at home. He was drafted and paid a substitute in the army. He is of Massachusetts puritan descent. His great grandfather, of Westfield, Massachusetts, was a Mason, and a colonel under Geo. Washington in the Revolutionary War, and the General commanding in the field of Massachusetts troops during the "Shay Insurrection."



WILLIAM SHEPARD, M.D.

Dr. Shepard is now nearly eight-eight years of age and has gradually and slowly grown to believe that the psychical should be more generally taught in medical schools.

He built a mill at Gahanna, a neighboring village and run it for a year or more and built a hotel, at Buckeye Lake, a summer resort. He was for many years interested in and president of a large ice company.

He is fond of outdoor recreation and for many years has taken a day a week for recreation which is generally employed hunting or fishing.

NEW APPLICATIONS FOR MEMBERSHIP TO THE NATIONAL TO AUGUST 20, 1913.

ARKANSAS.

Allison, Wm. M., Quitman.
Childress, A. J., Athens.
Cook, J. D., Edgemont.
Gardner, L., Atkins.
Laman, G. I., Cave City.
Moreland, W. H., Jonesboro.
Parks, C. H., Hardy.
Pinkerton, A. L., Amity.
Prichard, A. C., Little Rock.

CALIFORNIA.

Bailey, Wm. C., Los Angeles.
Ballard, W. H., Pasadena.
Cox, Herbert T., Los Angeles.
DeAngelis, Augusta, Los Angeles.
Foss, Hugo, Los Angeles.
Fox, Walter C., Kennett.
Goyette, S. A., Santa Maria.
Kurpiers, F. S., Los Angeles.
Leix, Frederick, Sonoma.
Mealand, Chas., Sacramento.
Meracle, Geo. O., Selma.
Morton, Ada, Scott.
Prouty, H. V., McKitrick.
Ring, Merritt M., Los Angeles.
Sprehn, H. J. C., Los Angeles.
Turner, D. J., Gridley.
Young, T. C., Glendale.

CONNECTICUT.

Givens, A. J., Stamford.

CUBA.

Tudela, Frank, Guantanamo.

GEORGIA.

Adams, C. H., Atlanta.
Hagood, S. F., Marietta.
Hamrick, B. H., Ocilla.
Howell, J. L., Orange.
McCleere, R. L., Kennesaw.
Maddox, T. H., Orchardsville.
Moore, J. H., Jr., Atlanta.
Register, W. R., Atlanta.
Snow, Harmon, Decatur.
Walker, O. B., Bowman.

ILLINOIS.

DeBoy, Wm. L., Chicago.
McCracken, C. B., Belvidere.
Mercereau, C. W., Chicago.
Nielson, Carl, Chicago.
Schroder, Bertha B., Chicago.

INDIANA.

Gengelbach, E. E., Huntingburg.

KANSAS.

Brook, A. C., Opolis.
Gladman, W. R., Tonganoxie.
Mollet, I. F., Kansas City.

KENTUCKY.

Coffman, T. W., Owensburg.

MARYLAND.

Brown, Hugh, Baltimore.
Fisher, Geo. W., Baltimore.
Hallings, John W., Owings Mills.
Hammond, Chas. I., Baltimore.
Kenney, J. F., Baltimore.
Larabee, Chas. W., Baltimore.

MASSACHUSETTS.

Chase, Augustus L., Randolph.
Geddes, P. S. W., Winchendon.
Perrins, W. A., Jamaica Plains.
Pattee, A. L., Falmouth.

MICHIGAN.

Shafor, Harry, Detroit.
Stewart, J. D., Detroit.

MISSOURI.

Polk, D. T., Excelsior Springs.
Smith, W. E., Pacific.
Westbrook, G. W., St. Louis.

NEBRASKA.

Bennett, J. L., Lincoln.
Coleman, A. L., Ewing.
Marvel, P. O., Aurora.
Mills, J. B., Maywood.
Protzman, Chas., Lincoln.
Smith, Bert A., Lorton.
Wightman, H. W., Omaha.

NEW JERSEY.

Borden, D. P., Paterson.

OHIO.

Ambrose, W. H., New Petersburg.
Rechel, Conrad, Cincinnati.
Whitney, Geo. T., Cleveland.

OKLAHOMA.

Love, T. A., Ripley.
Meredith, S. J., Duke.
Pettitt, G. S., Oklahoma City.
Taylor, J. H., Perkins.

PENNSYLVANIA.

Barclay, A. C., Somerset.
Bowman, J. T., Somerset.
Bunnell, W. O., Wilkes-Barre.
Flannery, C. F., New Castle.
Gamble, T. A., East Troy.
Gilday, Jas., Philadelphia.
Heacock, R. E., South Bethlehem.
Hendrickson, A. W., Philadelphia.
Layman, A., Philadelphia.
McFarland, L. R., Transfer.
Meikrantz, P. R., Hazelton.
Powelson, D. T., Johnstown.
Rouse, F. S., Williamsport.
Sharp, Geo. T., Harrisburg.

RHODE ISLAND.

Powe, D. L., Providence.

TENNESSEE.

Allison, J. J., Bloomington.
Wilson, N. D., Manchester.

TEXAS.

Chandler, T. F., Gainesville.
Helbing, A., Dallas.
Helbing, G., Dallas.
Helbing, Hugh V., Fort Worth.
Lamar, I. H., Texhoma.
Reynolds, J. W., Marysville.
Standlee, T. H., Edgewood.

NOTES AND NEWS.

Arkansas.

Dr. C. E. Spann has moved from Calico Rock to Altheimer.

Dr. C. F. Parks has removed from Salem, W. Va., to Hardy.

Dr. T. A. Lee has removed from Magazine to Erick, Okla.

W. E. Hare, M.D., has removed from Kansas City, Mo., to Little Rock.

Allen Prichard, M.D., has located at 142½ Main St., Little Rock.

California.

Dr. M. E. Eastman has changed his address from Pine Creek, Oregon, to Weaverville, California.

Dr. Lewis Lee, has moved from Los Angeles to Standish, Lassen County.

Dr. Frank Cornwall, has removed to the Lincoln Bldg., 246 Powell St., San Francisco.

A. E. Gyron, M.D., formerly of Oakland has located in Owensmouth.

W. W. Fraser has changed his address from Weaverville to 607 McDonald Ave., Richmond, Cal.

The commencement exercises of the California Eclectic Medical College were held on May 22. A class of eight received their diplomas.

Dr. A. DeMonco has removed from the Grosse Bldg., to the L. A. Investment Bldg., Los Angeles.

Dr. W. S. Greenwell has removed from Lodi to 117 Soquel Ave., Santa Cruz.

The San Francisco County Eclectic Society met in the Pacific Building, June 5. Interesting clinics and discussions were held.

The regular monthly meeting of the Los Angeles County Eclectic Medi-

cal Society was held June 3. A number of new members were received and routine business transacted.

Dr. H. L. Hildreth has removed from Minnesota to 205 S. Ave., Los Angeles.

Ada Scott Morton who was formerly Ada Scott Conner is now located at the Butler Bldg., San Francisco.

Alexander P. Baird is now located at 809 Eagle Rock Ave., Los Angeles.

Colorado.

Drs. Lake MacLean, of Pueblo and Charles B. Hyde, Greely, have been appointed members of the State Board of Medical Examiners.

Dr. Frank E. Rogers, of Denver has been appointed a member of the Colorado State Board of Medical Examiners.

Florida.

Dr. G. Adolphus has removed from Atlanta, Ga., to St. Petersburg.

Dr. C. H. Field removed from Marietta, Ga., to Clearwater.

A. O'Bannon has removed from Annapolis, Mo., to Princeton.

Georgia.

The Governor has reappointed as members of the Homeopathic Board of Medical Examiners, Drs. John Z. Lawshe, R. E. Hinman and C. M. Paine of Atlanta. Dr. Robert B. Cuthbert, Rome, and Dr. M. A. Cleckley, Augusta.

The annual commencement exercises of the Georgia College of Eclectic Medicine and Surgery of Atlanta, took place May 1, at the Atlanta Theatre. Forty-three graduates received their degrees.

Samuel Green, M.D., and Eugene L. Daniel will locate in Kirkwood.

Idaho.

Dr. J. F. Schmershall, Jerome, has been elected secretary-treasurer of the Idaho State Board of Medical Examiners, vice Dr. O. J. Allen, Bellevue, term expired.

Illinois.

The Illinois State Eclectic Medical Society held its annual meeting at the Hotel Sherman, Chicago, May 14, 15, 16. The meeting was well attended and a renewed interest manifested. The following are the officers elect: President, Manerva Dickerman Brown, M.D., DeKalb; First Vice Pres., Charles H. Hulick, M.D., Shelbyville; Second Vice Pres., John Percy Bennett, M.D., Chicago; Secretary, Richard Jay Lambert, M.D., St. Charles; Treasurer, Geo. O. Hulick, M.D., East St. Louis; Corresponding Secretary, W. E. Kinnett, M.D., Peoria. Next meeting in Chicago, May 13, 14, 15, 1914. Conjoint meetings were held with the State Homeopathic Society as well as a conjoint banquet.

Dr. Rudolph Meyer has removed from 318 Milwaukee Ave. to 654 Milwaukee Ave. Chicago.

Dr. John B. Eaton has removed to 403 North Ave., Lincoln Park Sta.

Dr. E. L. Reeves has removed from Danville to Decatur.

J. V. Stevens is now located at 1355 Fulton St., Chicago.

Indiana.

The Indiana Eclectic Medical Society held its annual meeting at Dennison Hotel, Indianapolis, May 21, 22. A good meeting is reported and an invitation was extended to the National to meet in Indianapolis in 1914. The list of officers elect are: President, J. H. Hauck, Terre Haute; First Vice Pres., Bert Coffey, Rushville; Second Vice Pres., Geo. C. Porter, Linton; Secretary, F. L. Hosman, Indianapolis; Treasurer, H. E. Vitou, South Bend.

Among the guests of the society were Dr. Finley Ellingwood, of Chicago, and Drs. Russell and Scudder of Cincinnati.

Dr. J. N. Hurty of the State Board of Health gave an address on "Practical Eugenics."

Iowa.

Dr. E. W. Hookhart has removed from Ulmer to Breda.

Dr. Geo A. Hinton has removed from Hot Springs, Ark., to Oskaloosa.

Kansas.

The forty-second annual meeting of the Kansas Eclectic Medical Association was held in Kansas City, May 20 and 21. The attendance was larger and better than usual. Resolutions were adopted declaring that no school was represented on any State Registration and Examining Board, unless the member was a member in good standing in the State and National societies, also against the teaching of sex hygiene in the public schools by the methods at present advocated and abolishing the Board of Censors. This latter was for the purpose of admitting members into the National at once, the president, secretary and treasurer acting as a credential committee. Three days session was advocated in the future instead of two. All the officers were re-elected for 1913-1914.

M. C. Hurd, M.D., has removed from Buhler, Kansas, to Benton.

Kentucky.

The Kentucky Eclectic Medical Association met in Louisville, May 22 and 23. The attendance was not large, but the interest was good. Louisville was made the permanent meeting place. The officers for the coming year are: President, J. M. Wells, M.D., Vanceburg; Vice Pres., W. K. Price, M.D. Richmond; Treasurer, J. C. Mitchell, M.D., Louisville; Secretary, Lee Strouse, M.D., Covington. Delegate to the National, Lee Strouse, M.D., alternate, J. C. Mitchell, M.D.

We have calls from this State for physicians. Many good locations where one can do well from the start.

Dr. Wm. L. Manchester, Cin. 1889, was run down by an interurban car near his residence, June 7, and died from his injuries in an hour.

Louisiana.

The Louisiana State Board of Medical Examiners announces that New Mexico and Wyoming have been added to the list of States with which Louisiana has established reciprocal relations.

Massachusetts.

The regular meeting of the Boston District Eclectic Medical Society for April was held at the Crawford House, Boston, April 28. An interesting and enjoyable meeting was held. Papers were read by Drs. Boynton and Perrins.

The May meeting was held at the same place, May 26. New names were added to the roll and much interest manifested. The society adjourned to meet in September.

The fifty-third annual meeting of the State Eclectic Society was held in Boston, June 5 and 6. An enjoyable meeting is reported. Radical changes were made in the constitution and by-laws which it is hoped will stimulate its growth.

Michigan.

The Governor has appointed the following as members of the State Board of Registration in Medicine: Drs. G. W. Nafe, Fremont; Albertus Nyland, Grand Rapids; George Le Fevre, Muskegon; W. T. Dodge, Big Rapids, and C. B. Burr, Flint.

The thirty-seventh annual meeting of the Michigan State Electic Medical and Surgical Society was held June 4 and 5, at Kalamazoo. Clinics were held at the Baldwin Sanitarium and a complimentary dinner was tendered the society by Drs. Baldwin and Waddington. Drs. Finley Ellingwood of Chicago and P. S. Replogle of Champaign, Ill., were guests of the society. The following officers were eleted: President, Dr. Nelson McLaughlin, Lake Odessa; First Vice Pres., Chas. McLachlan, of Elwell; Second Vice Pres., V. L. Bell, of Grand Rapids; Third Vice Pres., H. S. McMaster, of Dowagiac; Secretary, J. E. G. Waddington, of Detroit; Treasurer, F. B. Crowell, of Lawrence. Next meeting place, Allegan, 1914.

Missouri.

The Eclectic Medical Society of Missouri met in Springfield, May 20-22. Whilst the attendance was not large the interest manifested was compensatory. Officers elected for the ensuing year as follows: President, J. Lee Harwell, Hendrickson; Recording Secretary, Emmett F. Cook, St. Joseph; Corresponding Secretary, J. R. Barry, Carterville; Treasurer, A. W. Davidson, Poplar Bluff. Delegate to National, M. M. Hamlin, St. Louis; alternate, B. E. Dawson, Kansas City.

Action was taken in referene to contract practice and a movement inaugurated looking toward a State journal.

Dr. B. E. Dawson has been seriously ill. At last reports he was improving.

Nebraska.

Dr. H. O. Conoway has removed from Reynolds to Phillips.

The Nebraska State Eclectic Medical Association held its meeting at the city of Lincoln, May 22-23. On the evening of May 23 occurred the commencement exercises of the Medical Department of Cotner University. The commencement address was "Life Ideals," by Dr. W. E. Daniels, Madison, S. Dakota.

Dr. Carl Morrow has located at Kendley. Dr. Percy Charleton at Waverly, Dr. Geo. Wagner at Cozad, and Nat. Humphrey at Daykin.

At the annual meeting of the Board of Secretaries of the State Board of Health held in Lincoln, July 2, Dr. E. Arthur Carr, Lincoln, was re-elected president; Dr. P. F. Dodson, Wilber, was elected vice president; Dr. H. B. Cummins, Seward, secretary, and Dr. C. T. Bruchard, Falls City, treasurer.

New Mexico.

Dr. J. E. Manney and wife have established an up-to-date sanitarium at Tucumcari. Those interested should write him for particulars.

New York.

The April meeting of the Eclectic Medical Society of the city and county of New York was held April 17, Dr. Harris presiding. The essayist was Dr. Brunor, subject, "Tuberculosis of the Intestine."

Dr. John E. Haggerty has opened an office at 1016 W. 64th St.

Nathan Shapiro, M.D., has removed from Brooklyn to 69 Hillside Pl., Newark, N. J.

H. N. Waite, M.D., has removed from 115 W. 31st St., to 252 W. 29th St., New York City.

Dr. G. W. Boskowitz and wife of New York City sailed on June 24th for Naples and expect to make a four months tour of Europe. We are pleased to learn the doctor's health is improving.

Dr. Earl H. King of Saratoga Springs has been appointed State Medical Examiner, succeeding Dr. Lee H. Smith.

The regular meeting of the New York County Medical Society was held Thursday, March 15th, Dr. Harris presiding. Clinical cases were presented by Dr. Prout and illustrated by X-ray plates. Dr. Crispell presented some clinical cases also. New applications for membership were received.

The June meeting was held on June 19, 1913, with Dr. Harris in the chair. Clinical cases were presented also at this meeting by Dr. Birkenhauer and Harris.

North Dakota.

The following have been appointed members of the State Board of Medical Examiners: Drs. G. M. Williamson, Grand Forks; Albert W. Skelsey, Fargo, and Francis Peake, Jamestown.

Ohio.

Dr. Chas. J. Otto has been elected president, and J. F. Wuist, secretary-treasurer of the Dayton Society.

J. W. Kannell has removed from Ft. Wayne, Ind., to Bucyrus, Ohio.

G. E. Miller, formerly of Mungeli, C. P. India, is now located at Mt. Orb, R. F. D. No. 3, on eighteen months leave of absence.

O. A. Palmer has changed his address from 908 Harrison Bldg., Columbus, to 426 Second National Bank Bldg., Akron.

The commencement exercises of the Eclectic Medical College were held at Memorial Hall, Cincinnati, Monday evening, May 12. Twenty-six graduates received their degrees.

Dr. Fred A. Grossman of Cleves, was killed June 5, the result of an automobile accident.

Wm. H. Carey has located at Van Buren.

Dr. P. D. Reefy, of Elyria, suffered a cerebral hemorrhage, April 14.

R. A. Postle has changed his address from Columbus to Ashville.

The State Society held its meeting in Dayton, May 13, 14, 15. The attendance was good. Interest manifested as usual. Additions to membership exceeded last year with several reinstatements. Two illustrated lectures were given at the National Cash Register works; the first on Dayton Flood. This was followed by a dinner given by the company, then followed an illustrated lecture on "The Venereal Peril." This latter lecture is given by the company for the welfare of their employees. Their course is commended to other companies employing a large number of men and women. The officers elect are: President, J. F. Wuist, Dayton; First Vice Pres., T. D. Hollingsworth, Akron; Second Vice Pres., J. H. Jenkins, Rushmore; Recording Secretary, W. N. Mundy, Forest; Corresponding Secretary, W. H. Hobby, Sidney; Treasurer, Jas. G. Sherman, M.D., Columbus.

The Dayton Medical Society met at the home of Dr. Wuist on June 13, as this was the last meeting for the season, the following officers were elected: President, Dr. C. J. Otto; Vice President, Dr. E. E. Bechtel; Secretary-Treasurer, Dr. J. F. Wuist. After the meeting closed refreshments were served.

At the last annual meeting of the Ohio State Medical Board, 169 physicians passed, 3 failed, 6 osteopaths passed, 2 failed, 26 midwives passed, 17 reciprocity licenses granted. We are very glad to note that thirteen of the recent graduates of the Eclectic Medical College in Cincinnati, all of those who applied, were successful in passing the board with averages ranging from 75 to 89.3 per cent. Only the graduates of 61 colleges out of 116 are eligible to the Ohio Board, and the Eclectic Medical College is fully registered in every state in the United States, including Ohio, New York and Pennsylvania. The next session of the college will open September 11, 1913, and continue eight months. The entrance qualifications still remain on a high school standard, and the annual tuition fees are only

$100.00. For college bulletins and detailed information apply to the secretary, 630 W. Sixth St., Cincinnati, Ohio.

Oklahoma.

Dr. F. A. Lee, of Magazine, Ark., has removed to Erick.

M. Gray has removed from Mountain View to Chickasha.

Oregon.

At the meeting of the State Board of Medical Examiners held in Portland, July 4, it was decided that action should be taken against the physicians of the state who are practicing without a license. The board elected the following officers: President, Dr. Herbert S. Nichols, Portland; secretary, Dr. L. H. Hamilton, Portland, and treasurer, Dr. H. L. Henderson, Astoria.

Pennsylvania.

Dr. Marcus G. Schantz has moved from Bayonne, New Jersey, to 9 N. Fourth St., Harrisburg.

Dr. C. F. Flannery is at 1118 South Mill St., New Castle.

Dr. J. C. Andrews has removed from Philadelphia to New Cumberland.

The Pennsylvania Railroad has issued a statement of its employes killed in 1912. Of 61,443 men employed in train service, 119 lost their lives, seventeen in accidents to trains, freight and passenger. Of 68,000 men employed in shops and on tracks, sixteen died as a result of accidents, none of which was a train wreck. All these 285 deaths, except the seventeen due to train accidents, were, according to the statement, due to trespassing, carelessness or defects in shop machinery. The trains of the railroad, passenger and freight, covered more than 72,000,000 of miles during the year, yet in accidents to them only twenty-one lives were lost, the seventeen employes mentioned above and four passengers.

South Dakota.

The Homeopathic and Eclectic Associations met in conjoint session in Sioux Falls, May 12 and 13. In addition to the annual essays, a surgical clinic was held at the Sioux Falls Hospital. Operations were performed by Doctors Zetlets and Hanchett, both of Sioux Falls. After the clinic a dinner was served the societies by Dr. Zetlets. The officers-elect are as follows: President, N. L. Bailey, M.D., Lake Preston; vice-president, H. E. Kellogg, M.D., Madison; secretary and treasurer, W. P. Collins, M.D., Boward.

(This method commends itself where individual associations are small.—Editor.)

Tennessee.

Dr. Benjamin L. Simmons, of Granville, has succeeded Dr. W. H. Halbert on the State Examining Board, who has retired and removed from Nashville.

J. P. McCollum has changed his address from Bristol to Jackson.

The Tennessee State Eclectic Medical Association met in annual convention at Nashville, May 20, 1913. The Association was called to order by the vice-president, Dr. R. L. Eaton, in the absence of the president. Dr. E. B. Shewman, of Cincinnati, was present as a guest. Papers were read by Drs. Geo. M. Hite, J. F. Allison, J. C. Cummins, W. N. Holmes, J. M. Harvill, J. P. Harvill and E. B. Shewman. A visit was made to the tuberculosis hospital Officers for the ensuing year are as follows: President, Dr. R. L. Eaton, Nashville; First Vice-President, F. P. McKeel, Nashville; Second Vice-President, E. M. Cherry, Big Rock; Recording Secretary, J. O. Cummins, Nashville; Corresponding Secretary, J. P. Harvill, Nashville; Treasurer, Geo. M. Hite, Nashville.

E. H. Byrd has changed his address from Sherman Heights to East Chattanooga.

E. H. Halbert has removed from Nashville to Lebanon, R. F. D. No. 2.

Texas.

W. O. Hearn, M.D., has moved from Acworth to Clarksville.

N. T. Hardy has removed from Mabank to Winchester.

R O. Lacey has removed from Carbondale, Ill., to Cotulla, Texas.

J. W. Reynolds is now located at Marysville.

West Virginia.

Dr. Thomas Slayden has moved from Fulton, Ky., to Williamson.

Dr. G. E. Parks has removed from Salem to Hardy, Ark.

Maurice E. Welker has removed from New Middletown, Ohio, to Matewan.

Wisconsin.

Governor McGovern, on June 26, appointed Doctors F. C. Haney, Watertown, and Milton Rice, Milwaukee, members of the State Medical Board.

MARRIAGES.

Dr. Oran Newton, of Long Beach, and Miss Pearl Ames, of Chico, Sunday, May 25. At home at Long Beach, California.

OBITUARIES.

Bailey, Leonard, Eclectic Medical College, of Philadelphia, 1887, at his home in Middletown, Conn., April 29, aged seventy-eight.

Belknap, M. C., Eclectic Medical College of the city of New York, 1868, at his home in Maysville, N. Y., May 22, aged seventy.

Cain, Joseph V. M., Georgia College of Eclectic Medicine and Surgery, Atlanta, 1893, at Atlanta, Ga., April 18, aged fifty-five.

Carpenter, Andrew Jackson, Eclectic Medical College of the city of

New York, 1886, at his home in Neosho Rapids, Kansas, May 17, aged eighty.

Carrell, Geo. W., died at his home in Lithonia, Ga., May 24, 1913.

Carson, W. F., Eclectic Medical Institute, Cincinnati, 1883, at Lakeside Hospital, Cleveland, May 8, 1913, aged fifty-four.

Cary, Ezra H., Eclectic Medical Institute, Cincinnati, 1859, at his home in Prosperity, Pa., March 9, aged eighty-two.

Cobb, Joseph Warren, Eclectic Medical Institute, Cincinnati, 1853, at his home in Wichita, Kansas, April 3, aged eighty-five.

Daugherty, Charles A., Bennett Medical College, Chicago, 1874, at his home in South Bend, Ind., April 23, aged sixty-two.

Fauver, E.E., Lincoln Eclectic Medical College, 1894, at Denver, Colo., April 4, 1913, aged forty-one.

Fearn, Dr. John, Eclectic Medical Institute, 1877, at his home in Oakland, Cal., March 29.

Goodrich, George M., Eclectic Medical Institute, Cincinnati, 1883, at his home in Clintonville, Wis., May 5, 1913, aged fifty-two.

Grossman, Fred A., Eclectic Medical Institute, Cincinnati, 1903, the result of an automobile accident at Cleves, Ohio, aged fifty-five.

Jones, Charles M., St. Louis Eclectic Medical College, 1883, at his home in Baxter Springs, Mo., April 11.

Kent, J. Marshall, Lincoln Medical College, Lincoln, Neb., at his home in Kenesaw, Neb., February 28, 1913.

Logan, S. D., Eclectic Medical College, 1887, at his home in Middletown, Ohio, May 2, 1913.

Luke, Daniel E., Eclectic Medical College of Pennsylvania, Philadelphia, 1871, at his home in Fulton, N. Y., March 1, aged seventy-nine.

Richards, Daniel, Pennsylvania Eclectic Medical College, of Philadelphia, 1865, at his home in Palmyra, N. Y., May 21, aged eighty.

Slocum, Charles W., Eclectic Medical Institute, Cincinnati, 1855, at his home in Morenci, Mich., April 24, aged eighty.

Sutton, Orlando Webb, Eclectic Medical College of the city of New York, 1891, at his home in Bath, N. Y., April 25, aged sixty-three.

Underwood, Walter, Eclectic Medical Institute, Cincinnati, at his home in Springfield, January 4, 1913, aged seventy-nine.

Walker, Alexander E., Eclectic Medical Institute, Cincinnati, 1897, at Union, Neb., April 25, 1913, aged thirty-eight.

Walker, J. R., Eclectic Medical College, Cincinnati, Ohio, 1867, at his home in Marrnet, W. Va.

Weckslin, Charles, Eclectic Medical College of the city of New York, 1907, at his home in Brooklyn, May 4.

White, Wm. Henry, Eclectic Medical College of Pennsylvania, Philadelphia, 1863, at his home in Great Bend, Kansas, May 15, aged seventy-nine.

Young, A. B., Eclectic Medical Institute, Cincinnati, 1880, at his home in Brownsville, Tenn., March 29, 1913.

PERISCOPE.

Quinine and Urea Hydrochloride.

From a year's experience with this substance in nose, throat and ear work, as well as in minor operations on other portions of the body, the author concludes that it is a valuable and safe local anesthetic. In using it no untoward systematic effects need be feared. Anesthesia may be obtained in from three to forty-five minutes; in the majority of cases, in the author's experience, anesthesia was complete in ten minutes. The anesthesia is as profound as with cocain, eucain or novocain and of much longer duration, lasting from a few hours to several days, three days being the average.

Bleeding is not controlled by the drug, though it is materially lessened, especially by the use of stronger solutions. In none of the cases in which intranasal operations were done did it become necessary to pack the nostrils. In none of the cases amygdalectomy was any change in diet of the patient ordered, and in no case did the patient miss a meal, the act of deglutition causing no pain.

Solutions ranging in strength from one to four per cent. were used. In general, in cases where primary union is to be obtained it is desirable to use the lower percentages, though sometimes, in vascular areas, the stronger solutions may be employed without materially delaying union. In wounds to be healed by granulation and not in vascular areas medium percentages should be employed. Where healing by granulation in vascular areas is expected the higher percentages should be used because of their hemostatic effect.—W. Green, *New York Medical Journal,* May 6, 1911.

Registration and Reporting of Tuberculosis.

Registration and reporting of living cases of tuberculosis, in a manner similar to the reporting of other infectious diseases, is now required by state law or regulation of boards of health in thirty-three states and territories out of fifty-three. Five years ago only fourteen states had legislation on this subject. The increase is looked upon as a sign of marked progress in the anti-tuberculosis movement by the National Association for the Study and Prevention of Tuberculosis, which issues a bulletin on this subject. Based on figures obtained from cases of tuberculosis reported in Cleveland, New York and other cities where thorough registration is employed, it is estimated that for every death from consumption in the United States, of which there are on an average 200,000 annually, there are constantly more than five living cases, making at least one million in all. Of this million cases, it is estimated that the health authorities have records of not more than 100,000 to 150,000, or one in every eight or ten, and that, for the great majority of cases recorded, no hospital, home or dispensary care is provided. Practically nothing can be done to control the spread of tuberculosis in the unreported cases.—*Lancet-Clinic.*

Is Murphy Any Worse This Year Than He Has Been for Years?

On the front page of the front cover of the *California State Medical Journal* is an advertisement, Murphy's Famous Clinics, "famous," no doubt, because they contain by far more Murphy than clinic. The advertisement is one calculated to make an advertising quack green with envy. It is a wonder the "Council of Pharmacy" has not strained a peg and swooped down on this advertisement along with the "nostrums" it so violently opposes—"Murphy's wrinkles," for instance. We had supposed "Murphy's wrinkles" were just ordinary cutaneous gathers, such as grace the face of any man old enough to be respectable. However, we were doomed to receive a jolt when we reached the editorial page—number 175 of the May issue. It is best told in the language of the mortal writer himself.

"The American Royal College of Surgeons—J. B. M."—In this fair month of May, in the good city of Washington, is to be held a most remarkable meeting for the purpose of conferring upon the American surgeons (query: who—or what—is a surgeon?) a collection of letters indicative of some title, both title and string of letters being subjects for discussion. Martin (of Surgery, Gynecology and Obstetrics) and Murphy (of Murphy's Clinics)—or should it be Murphy and Martin—started the game, and have skillfully encouraged the ambition to belong to something and decorate one's name with letters. How are the honored ones to be chosen? From the subscription lists of Murphy Clinics and Surgery, Gynecology and Obstetrics? Or shall the applicant merely have to attend and register at one of these huge surgical Martin-Murphy clinics? Or must he have a real case of murphitis before he can be considered as a proper one to bear the mystic letters? May we suggest a few titles for this personally conducted eruption into medical education? How would the "American Surgical Society" do? This could be used for the terminal letter part quite nicely: "A. S. S., J. B. M." Or this one has been suggested: "American Royal Surgical Emporium, joined by me in 1913," which would string out behind one's name quite nicely. Think of the ponderous psychological effect it will have upon one's patients to have one's cards and stationery printed with a whole lot of extra letters after his name. And we'll bet a suit of clothes to a tintype of Murphy that a lot of people will take this quite serious'y!

Many of us had discovered that Murphy was peculiar, but we were not prepared to have the "inner circle" break out in iconoclastic wrath against the great and heretofore uncrucified one of the A. M. A. forces. Wonders are still happening.—E. H. S., *South California Practitioner.*

A Federal Antinarcotic Bill.

At a conference, held in Washington on June 9 and 10, between the representatives of the United States Treasury Department, the National Drug Trades' Conference, and Congressman Harrison, a measure was drawn up

intended to regulate the traffic in opium, coca, leaves, and their derivatives and preparations, which is to take the place of the Harrison bill. This bill requires the registration with the Bureau of Internal Revenue of all persons who deal in, administer or dispense these drugs or their preparations. Under this bill every physician will be required to register with the bureau, paying an annual fee of one dollar. In order to purchase any of these drugs he will be required to make out an order on a special numbered blank, which can be purchased only from the bureau, and shall, whenever required to do so by the collector of Internal Revenue, render a statement of the quantity of these drugs purchased by him. Under this measure pharmacists will not be permitted to dispense these drugs except upon a written prescription, signed by a physician, a dentist, or a veterinary surgeon registered under the act. In view of the fact that both President Taft and President Wilson sent messages to Congress urging the enactment of some such bill, it seems probable that this bill will become a law in the near future. It is much less burdensome on the physician than some of the measures which have been proposed to accomplish the same purpose, as he is not required to state the disposition made of the drugs, but only the quantity purchased.—*New York Medical Journal,* July 14.

No Compromise Permissible in Medical Advertising.

There can be no compromise in medical advertising. The example is bad. If the prominent men do it, the less known will get into print as soon as they can raise the price or work up enough pull with a magazine writer. Let there be no mistake on this point. Educating the public on general health problems and teaching them the lesson on how to live is the noblest duty of the physician. It is a duty that is self-sacrificing and is indicative of the priestliness of the calling. Would that physicians were so situated that they could teach health from the housetops and street corners! But when a description and photographs of a physician and his pill cupboard or of a surgeon and his amphitheater and instruments appear in public print, it is as if they are courting public patronage.—B. Joseph in *Vermont Medical Monthly.*

BOOK REVIEWS.

The "Skull," published by the Class of 1913 of the Eclectic Medical College, of Cincinnati, Ohio. Cloth, $2.50.

This is the second appearance of this book. It contains all that college year books usually contain and then some. We have always taught that the success of a college depends upon the loyalty of its alumni. We still think so; no, we know it! Show your appreciation for your Alma Mater and of the efforts of the Class of 1913 by sending the price of a copy to Dr. J. K. Scudder at once. It is well illustrated and bound. It will be an ornament to your center table. M.

ELEVENTH ANNUAL REPORT OF THE BUREAU OF SCIENCE TO THE HONORABLE, THE SECRETARY OF THE INTERIOR. By ALVIN J. COX, Acting Director of the Bureau of Science, for the year ending August 1, 1912. Bureau of Science, Manila.

The report is well worth reading by any man who is interested in the development and progress of our nation. Our country is making history rapidly, and every citizen should be interested enough to read these reports. The one before us is beautifully illustrated and to me particularly interesting.

M.

A pamphlet worth perusing is by Lydston, "A Privileged Medical Class, or Why is the A. M. A. Going Backward?" Write for it. M.

The State Medical Board, State of Ohio, Seventeenth Annual Report, 1912. Write for it, read it, and keep in touch with the board. M.

SOCIETY CALENDAR.

1. National Eclectic Medical Association.—President, W. S. Glenn, State College, Pa.; Secretary, Wm. P. Best, Indianapolis, Ind. Indianapolis, Ind., June, 1914.

2. Albany and Saratoga District Medical Society.

3. American Eclectic Materia Medica Association.—President, S. A. Abbott, Taunton, Mass.; Secretary, A. W. Smith, Berwyn, Ill.

4. Arkansas Eclectic Medical Society.—President, R. M. Jernigan, Fitzhugh; Secretary, E. M. Rockwood, Ft. Smith.

5. Atlanta Eclectic Medical Society.—President, J. R. Duvall, Atlanta.

6. Boston District Eclectic Medical Association.—President, Roy J. Boynton; Secretary, Pitts Edwin Howes.

7. Brooklyn Therapeutic Society.—Secretary, A. B. Wolf, Brooklyn. Quarterly.

8. California Eclectic Medical Society.—President, Judson Liftchild, Ukiah; Secretary, H. Ford Scudder, Los Angeles. San Francisco, May 26-28, 1914.

9. Central New York Eclectic Medical Society.

10. Chicago Eclectic Medical and Surgical Society. Monthly.

11. Colorado Eclectic Medical Society.—President, J. A. Dungan, Greeley; Secretary, Geo. H. Candlin, Eaton. May, 1913.

12. Connecticut Eclectic Medical Society.—President, James E. Hair, Bridgeport; Secretary, T. S. Hodge, Torrington. Semi-annually. Second Tuesday, October, 1913.

13. Dayton Eclectic Medical Society.—President Chas. J. Otto; Secretary J. F. Wuist. Third Friday of each month.

14. Eclectic Medical Society of the City and County of New York.—President, H. Harris; Secretary, A. S. Gombar. Third Thursday of each month.

15. Florida Eclectic Medical Association.

16. Fort Wayne Eclectic Medical Society.—President, G. A. Barry; Secretary, J. E. Morris. Monthly.

17. Georgia Eclectic Medical Association.—President, J. S. Wells, Griffin. Secretary, G. W. D. Patterson, Atlanta. Atlanta, 1914.

18. Illinois Eclectic Medical Association.—President, Mareva Dickerman Brown, DeKalb; Secretary, R. J. Lambert, St. Charles.

19. Indiana Eclectic Medical Association.—President, J. H. Hauck, Terre Haute; Secretary, F. L. Hosman, Indianapolis. Indianapolis, 1914.

20. Iowa Eclectic Medical Society.—President, L. E. Eslick, Rockwell City; Secretary, B. C. Minkler, Des Moines. Des Moines, May, 1914.

21. Kansas Eclectic Medical Association.—President, G. H. Smith, Kansas City; Secretary, O. C. Baird, Chanute. Kansas City, 1914.

22. Kansas City Society. Semi-monthly.

23. Kentucky Eclectic Medical Society.—President, J. M. Wells, Vanceburg; Secretary, Lee Strouse, Covington. Louisville, 1914.

24. Kentucky Central Auxiliary.—President, J. H. Shultz, Jeffersonville; Secretary, T. A. Evans, Farmers. Richmond, November, 1913.

25. Kentucky Eastern Auxiliary.—President, D. E. Morgan, Maysville; Secretary, M. W. Meadows, Fullerton. October, 1913.

26. Kings County Eclectic Medical Society.—President, Theo. D. Adlerman; Secretary, A. W. Wolf.

27. Los Angeles County Eclectic Medical Society.—President, H. C. Smith, Los Angeles; Secretary, P. M. Welbourn, Los Angeles.

28. Maine Eclectic Medical Society.—President, S. A. Abbott, Taunton. Portland, May 24, 1914.

29. Maryland State Eclectic Medical Society.—President, Geo. W. Fisher, Baltimore; Secretary, F. L. C. Helm, 2757 W. North Ave., Baltimore.

30. Massachusetts Eclectic Medical Society.—President, Asa L. Pattee, Falmouth; Secretary, Pitts Edwin Howes, Boston. Boston, first Thursday and Friday in June.

31. Michigan Eclectic Medical Society.—President, Nelson McLaughlin, Lake Odena; Secretary, J. E. G. Waddington, Detroit. Allegan, June, 1914.

32. Missouri Eclectic Medical Society.—President, J. Lee Harwell, Hendrickson; Secretary, Emmett F. Cook, St. Joseph. St. Louis, 1914.

33. Missouri Valley Eclectic Medical Association.—Secretary, John C. Story, St. Joseph.

34. Minnesota Eclectic Medical Society.

35. Nebraska Eclectic Medical Society.—President, J. N. Campbell, Stamford; Secretary, Amy Robinson, Hastings. Lincoln, 1914.

36. New England Medical Association.—President, Jas. T. Tonks, Westbrook, Conn.; Secretary, F. W. Abbott, Taunton, Mass.

37. New Hampshire Eclectic Medical Society.

38. Northeastern Ohio Eclectic Medical Society.—President, F. W. Schneerer, Norwalk; Secretary, J. D. Dodge, Collinwood. Quarterly.

39. Northwestern Ohio Eclectic Medical Society.—President, J. H. Jenkins, Rushmore; Secretary, A. M. Van Horn, Findlay. Quarterly.

40. New Jersey Eclectic Medical Society.—President, G. C. Young, Washington, N. J.; Secretary, G. E. Potter, Newark. Semi-annual.

41. New York Eclectic Medical Society.—President, G. L. Olson, New York; Secretary, T. D. Adlerman, Brooklyn. Albany, March 25 and 26, 1914.

42. New York Specific Medication Club.—President, M. D. Pearlstein, Brooklyn; Secretary, John Birkenhauer. Second Thursday of each month.

43. Northwestern Indiana Eclectic Medical Society.—Secretary, W. F. Smith, Huntington.

44. Ohio Central Eclectic Medical Society.—President, Wm. E. Postle, Columbus; Secretary, C. M. Deem, Columbus. Monthly.

45. Ohio Eclectic Medical Association.—President, J. F. Wuist, Dayton; Secretary, W. N. Mundy, Forest. Cincinnati, May 12-14, 1914.

46. Oklahoma Eclectic Medical Society.—President, Wm. King, Oklahoma City; Secretary, H. C. Stagner, Guthrie. Oklahoma City, 1914.

47. Oregon Eclectic Medical Association.—Secretary, Byron F. Miller.

48. Pennsylvania Eclectic Medical Association.—President, Wm. R. Campbell, East Smithfield; Secretary, Wm. O. Bunnell, Wilkes-Barre. Harrisburg, June 2, 1914.

49. South Dakota Eclectic Medical Society.—President, N. L. Bailey, Lake Preston; Secretary, W. R. Collins, Howard. Madison, 1914.

50. Southern California Eclectic Medical Association.—President, Oron Newton, Long Beach; Secretary, H. C. Smith, Los Angeles.

51. Southwestern Ohio Eclectic Medical Association.—President, O. P. McHenry, Hamilton; Secretary, J. L. Payne, Cincinnati. Bi-monthly.

52. San Francisco County Eclectic Medical Society.—A. Florence Temple, Secretary. Meets first Thursday each month, except July.

53. Sullivan County Eclectic Medical Society.

54. Tennessee Eclectic Medical Association.—President, P. L. Eaton, Nashville; Secretary, John O. Cummins, Nashville.

55. Texas Eclectic Medical Association.—President, W. H. Walker, Killeen; Secretary, H. H. Blankmeyer, Aransas Pass. Dallas, October, 1914.

56. Vermont Eclectic Medical Association.—President, J. B. H. Cushman, East Charleston; Secretary, P. P. L. Templeton, Montpelier. Montpelier, June, 1914.

57. Washington Eclectic Medical Association.—President, T. J. Piersol, Tacoma; Secretary, N. M. Cook, Seattle. Tacoma, 1913.

58. Western Ohio Eclectic Medical Association.—President, Guy J. Kent, West Liberty; Secretary, W. H. Graham, South Charleston. Quarterly.

59. Western New York Eclectic Medical Society.

60. West Virginia Eclectic Medical Association.—President, M. H. Waldron, Naugatuck; Secretary, W. B. Hartwig, Anthem.

61. Wisconsin Eclectic Medical Society.—President, Ira Fay Thompson, Reedsburg; Secretary, F. C. Haney, Watertown. Devil's Lake, June, 1913.

READING NOTICES.

School Children Below Par.—The difficulty some pupils have in keeping up with their school work is so obviously due to physical deficiency, that even parents recognize the disadvantage under which such children labor. These little patients show a listless manner and only with marked effort do they maintain a creditable standing in their classes. It is in such instances that Cord. Ext. Ol., Morrhuæ Comp. (Hagee) has a particular field of usefulness. Being a tissue food in every sense of the word its administration adds a vigor which quickly manifests itself in a large capacity for both physical and mental effort. Cord. Ext. Ol., Morrhuæ Comp. (Hagee) enriches the blood stream and brings about an increase in bodily weight. A superior feature of this preparation is its palatability, as a result of which it may be continued over long periods of time without the production of nausea or other annoying consequences.

Functional Disturbances of the Liver.—Clinical study has shown that the liver is much more subject to functional disturbance than is generally realized. The opinion has been growing for some time that not a few obscure conditions of the intestines, particularly those grouped under the term "auto-intoxication," should be attributed to sluggishness or torpidity of the liver processes. In view of this, there is an increasing demand for a cholagogue that can be relied upon to stimulate the functional activity of the liver without at the same time producing a degree of catharsis that is neither necessary nor desired. Many and various are the drugs that have been tested with this in view, but practically the only one that has met the situation is that long known and widely used preparation of Chionanthus Virginica, Chionia. This product is exceedingly effective as a stimulator of hepatic processes, and, administered in proper dosage, it is not only an effective cholagogue, but what is especially important, it can be relied upon to produce its effects without causing undue activity of the bowels.

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SOME PATHOLOGICAL RELATIONS BETWEEN THE EYE AND THE NOSE.

R. C. HEFLEBOWER, M.D., CINCINNATI, O.

Anatomically, the relationship between the eye and the nose may be considered to be threefold: first, there is that of contiguity; second, that of direct communication; and third, an indirect relationship.

The close relationship by contiguity is shown in the intimacy of the bony wall of the orbit and the accessory nasal cavities. It is further illustrated in the case of the lamina papyracea, which forms a part of the inner wall of the orbit and the outer wall of certain of the ethmoidal cells, as shown in plates IV, VIII, IX. Plates IV, V, show the inner wall of the orbit removed, the anterior and posterior ethmoidal cells, and the close relationship between the orbit and these accessory cavities of the nose. The roof of the orbit is formed partly by the floor of the frontal sinue (Pl. I, III, VII, XII), the latter forming an irregular cavity in size and extent, not only in different individuals, but also in the same individual. It may occasionally extend as far backwards as the optic foramen, in which case its floor corresponds with the roof of the orbit. The ethmoidal cells sometimes extend laterally over the orbit. The sphenoidal cells may likewise push forward, so that a part of the lateral wall of the sinus may encroach upon the posterior inner portion of the orbital cavity. Below the orbit lies the maxillary sinus, the roof of the latter forming the greater portion of the floor of the orbital cavity (Pl. VII, VIII, XI, XVI).

The lachrymal duct lies, over most of its course, with its external wall in contact with the prelachrymal recess of the maxillary sinus (Pl. V, VII, XVI). The posterior portion of the inner wall of the lachrymal fossa is adjacent to an ethmoidal cell (Pl. IV, V, XIII), while the anterior wall of the duct, at its middle portion, separates it from the nasal cavity at about the anterior end of the middle turbinate (Pl. IV, VII, XIV).

The relations of the parts adjacent to the orbit are of particular clinical importance. On the one hand are the accessory nasal cavities—the sphenoidal sinuses and the posterior ethmoidal cells emptying into the superior meatus (Pl. IV, V, VI, XIII), and on the other, the optic chiasm. The usually accepted view as to the optic canal is that it is formed in its middle part by the wall of the sphenoidal sinus of the same side. This

is not constant by any means. The greatest variety of arrangement occurs. The sphenoidal sinus and the ethmoidal cells may both enter into the formation of the optic canal, or by an encroachment of one sphenoidal cell at the expense of the other it may enter into the formation of both canals; or, on one side an ethmoidal cell and on the other a sphenoidal sinus may assist in forming the wall (Pl. XII). Similarly, variable relations may exist in the bed of the optic chiasm (Pl. II, X).

The cubic contents of the various sinuses naturally are in accordance with the variations in size and shape of the latter, so that in this respect there are scarcely any two alike. The maxillary sinus has the most constant capacity, varying between 12 and 18 c.c., the average being 15 c.c.; the frontal, a capacity averaging 3 to 8 c.c., and the sphenoidal sinus, 1 to 4 c.c. The contents of the ethmoidal cells, owing to the great variability in their size, shape and number, are difficult of estimation.

The thickness of the osseous partitions between the different sinuses themselves, and between the sinuses and the adjacent cavities, varies considerably. At most the thickness is but slight. This variation is greatest in the wall of the sphenoidal sinus, particularly between the sinus and the optic canal. In this locality the partition may be as thick as 12 m.m., while, on the other hand, the walls of the ethmoidal cells may be of papery thinness. These differences are not the case in the lamina papyracea of the ethmoid, which is of extreme thinness. The floor of the frontal sinus is somewhat thicker (Pl. VII), while the roof of the maxillary sinus is still more so (Pl. VIII).

The function of these osseous walls as complete partitions is lessened by the occurrence of certain defects, due either to congenital or acquired conditions. Then there are also certain foramina for the transmission of vessels and nerves, as, for instance, those of considerable size transmitting the anterior and posterior ethmoidal vessels and nerves. Besides these, there are also small foramina affording passage of blood vessels to the substance of the bone. These latter do not occur with any degree of constancy, though from a pathological standpoint, it could be wished they did.

The lachrymo-nasal ducts, by reason of continuity of tissue between the eye and the nose, afford most important physiological and pathological relations between those organs. The mucous membrane of the nose is continued upward through the duct, which it lines, and terminates in the conjunctival sac. The narrow canaliculi, with their minute puncta lachrymales, begin the lachrymal drainage system, and empty into that dilated portion of the canal occupying the lachrymal fossa and termed the lachrymal sac. This, after a slight narrowing below, continues downward as the nasal or lachrymo-nasal duct and enters the inferior meatus, either covered entirely by the inferior turbinate or opening into the lateral wall of the meatus (Pl. IV). This ostium lachrymale lies at a point from 30 to 35 m.m. posterior to the margin of the anterior nares, and at about the boundary of the anterior and middle portions of the inferior tur-

binate (Pl. IV). The opening of the nasal duct into the inferior meatus varies greatly in size and shape. It may be but a small slit, lying in a more or less horizontal direction, or it may be distinctly round or oval in outline.

Another close relationship between the eye and the nose exists in the vascularity of the tear sac and duct, both as to arteries and veins. The anastomoses betwen these parts are particularly rich, though for the most part the vessels are small. Between the tear sac and the ethmoidal cells there exists an anastomotic connection, which is of considerable importance pathologically.

The exits of venous blood from the eye and the nose take separate courses downward. From the orbit the blood passes forward in the facial vein and backward into the cavernous sinus. These exits are of such size that venous stasis can not occur, even if one or the other be closed. Therefore, complete thrombosis of the cavernous sinus may occur without causing exophthalmus of venous origin. A part of the nasal venous blood passes by the facial vein, but by far the major portion passes to the pharyngeal veins and the pterygoid plexus. Besides these exits for venous blood, anastomoses occur between the veins of the orbit and the nose. These consist of the anterior and the posterior ethmoidal vessels, forming a communication by means of the ethmoidal foramina; and the lachrymal plexus, winding about the lachrymal canal and forming a venous network between the anterior portion of the nose and the inner canthus.

The arteries, from a clinical point of view, are of but secondary importance. The orbital contents receive their chief blood supply from the ophthalmic artery. Two terminal branches of this artery, the anterior and the posterior ethmoidal, pass through the corresponding foramina into the nose and supply its superior part and a portion of the ethmoidal cells. The remaining parts of the nose and the accessory cavities are supplied by the sphenopalatine artery and the external carotid. Arterial anastomoses, in the sense of resembling those of the veins, can scarcely be said to occur, though about the lachrymal sac there is a sort of arterial plexus.

Lymph channels accompanying the blood vessels, or perivascular lymph sheaths, are of more practical importance than the arteries and form various anastomoses. As yet the exact lymphatic connection between the eye and the nose, and its extent, are not fully understood, if, indeed, it at all exists to any great degree.

The nerve supply for the eye and the nose is so well known that bare mention need be made. Branches from the trigeminus, the first and second for the nose and the first only for the eye, supply these parts. Branches of the nasociliary nerve pass through the ethmoidal foramina, supplying the anterior and inner portion of that organ. The cornea, the conjunctiva and the ciliary body are supplied by the ciliary ganglion and fibres from the first branch of the fifth nerve. The oculomotor passes, along with the first branch of the trigeminal, through the cavernous sinus,

which lies directly on the wall of the sphenoidal sinus. Besides these, the fourth and the sixth cranial nerves are also in the outer wall of the cavernous sinus. The sympathetic branches of the nose and the eye arise in the carotid plexus.

By referring to the accompanying plates, it can be readily seen that the above-mentioned cavities bear certain relations to each other, and that, though there is much variation in different subjects and even in opposite sides of the same individual, there is always some degree of constancy in their formation. It should be remembered, also, that the various parts of the facial skeleton bear certain proportional relations to each other. Thus, in small faces are found mostly narrow nasal apertures and high orbits, while in broad faces opposite relations exist.

The *physiological relations* between the eye and the nose are closely interwoven with the anatomical intimacies of the two organs The most important and the only direct communication and relation is that afforded by the lachrymal duct, and this is of particular consequence by reason of the continuity of tissue from the nose to the eye. There are also certain reflex connections between the two organs. The venous streams from the eye and the nose follow separate paths, for the most part, and connection by anastomoses between them is scant, if the above mentioned are excepted.

The most important physiological condition, from a practical standpoint, in connection with the two organs, is the flow of the lachrymal fluid. Its velocity is very low, depending upon the size of the duct, which is usually quite small in caliber. According to Schirmer's investigations, the rate of flow is but 1 m.m. per minute. Accepting this as the average, something like twenty-five minutes would be required for the solution of certain substances to pass from the eye to the nasal cavity. My own observations do not confirm this length of time, but place it much shorter. For instance, a solution of argyrol dropped into the conjunctival sac makes its appearance in the nose in from five to ten minutes. The same is true of a solution of homatropine. After dropping a solution of this substance into the conjunctival sac, patients frequently complain of its taste in about ten minutes.

Under certain pathological conditions this period can be much lengthened, or the flow entirely impeded. A lessening of the lumen of the duct or a misplacement of its ostium may interfere with the free flow of the tears.

The lachrymal fluid may carry with it particles of microscopic size held in suspension, and in this way micro-organisms may pass from the eye to the nose.

The natural course of the lachrymal fluid is from the eye to the nose, but sometimes this may be reversed without the existence of any pathological condition. The ascent of fluids, especially air, may occur from the nose into the duct, even as far as the tear sac. This is the case when there

is an insufficiency of the valve-like fold of mucous membrane at the lower end of the duct. It is quite possible that, owing to a condition of atrophy, this condition is more frequent in advanced age, though other than senile atrophy may also cause it. In children and even young adults the mucous membrane of the tear duct is arranged in folds and valve-like duplications, advancing years bringing smoothness, due to atrophic changes and rendering the lumen freer.

Finely divided particles may be forced from the nose into the nasal duct. Snuff has been seen as far as the puncta lachrymales; air or tobacco smoke may be forced through the puncta; and blood has been forced through the puncta by tamponing the nasal cavities. I have a patient who can expel tears from the lachrymal sac, through the puncta, by simply holding the nose shut and blowing forcibly. Therefore the escape of a small amount of lachrymal fluid from the sac does not always mean the existence of a pathological state.

Certain normal reflexes exist between the eye and the nose, and the cause of the reflex may exist in either organ. Originating within the nose, they cause vasomotor or secretory disturbances in the eye. For example, any intranasal irritation, as the use of a sound, the insufflation of powders, the inhalation of certain vapors, gases, etc., will produce the ocular reflex. Blows upon the nose will act in the same manner. The path of the sensation is along the trigeminus, by means of the ethmoidal nerves; while the secretory fibres for the lachrymal gland are of sympathetic origin.

The congestion of the conjunctiva occurring after intranasal operations is due to the same cause as the above, and is probably not due to progression along the tear duct.

The sneezing caused by exposing the eye to bright light, as frequently observed in corneal affections, is an example of a reflex originating in the eye and expressing itself in the nasal mucous membrane.

PATHOLOGICAL CONDITIONS.

In considering the pathological condition that influence the nose and the eye, one must lose sight of the fact that there are certain general conditions that may cause disease of one or both of these organs, and yet the disease of one is in no sense dependent on that of the other. Syphilis, for example, may cause an tntranasal pathological condition in a patient suffering from a syphilitic iritis. Here the general infection causes lesions in both organs, but neither organ is affected as the result of disease in the other. There is another class of cases, in which one organ is affected as a distinct result of disease of the other, and an example of this is the tear sac involvement accompanying and secondary to disease of the nasal cavity.

Among the first mentioned diseases of a general character are measles, with the accompanying coryza and conjunctivitis; syphilis, with tertiary nasal invasion, and ocular conditions, such as iritis, keratitis, choroiditis and neuritis; lupus of the nose, with tubercular conditions of the eye;

besides other similar conditions. There is absolutely no inter-relation between the two organs in these diseases, but the nasal and the ocular affections are but secondary to some general condition. The same is likewise true of the various scrofulous affections of the eye and the nose. Under this head are found adenoid vegetations, catarrh of the nasal mucous membrane, the secondary eczema about the nose and the eyes; and also the conjunctivitis, keratitis, blepharitis and various phlyctenules. Inasmuch as one of these nasal or ocular affections can exist alone and without either of the others, it is shown that it is due to a general and not a local affection. In other words, the conditions are not interdependent.

Hay fever is another pathological state causing nasal and ocular involvement. Its picture and secondary affections are too well known to merit description.

Besides these general pathological disturbances which give origin to nasal and ocular involvement, there are also some localized processes that lead to simultaneous changes in the eye and the nose. In disease of the hypophysis, which lies in close proximity to the optic chiasm and the sphenoidal sinus (Pl. II, X, XII), there may be hypertrophy of its tissue causing pressure on the optic nerve, or even extending into the pharynx.

In a case of acromegaly, which I have recently seen in consultation, there exists a pronounced atrophy of the optic nerves with characteristic alteration of the fields of vision, and extensive hypertrophy of the middle turbinates, besides occlusion of the ostia of the sphenoidal sinuses.

While the ocular symptoms are characteristic and occur in conjunction with general manifestations, as acromegaly, infantilism, etc., penetration of the bony walls by the hypophyseal tumor must be an extremely rare occurrence.

There may be a simultaneous diphtheria of the pharynx and conjunctiva; pemphigus, vaccine pustules, etc., may affect the eye or the nose and elsewhere at the same time.

Injuries or their results may affect the eye and the nose simultaneously, producing epistaxis, subconjunctival or retrobulbar hemorrhage, with the attendant diplopia, enophthalmus or exophthalmus, occlusion of the nasal passages, etc. The frontal and the maxillary sinuses or the ethmoid cells may be involved in the injury, which may include the orbital walls and the bones of the nose, and their contents, as well as the nasal duct.

We now come to the consideration of *those diseases which are primary in one organ and secondary in the other.* In these simultaneous affections it is not always easy to establish the common causation, and it is therefore difficult to determine which is the primary seat of the disease, and frequently one is quite unable to differentiate between them.

During the past years our knowledge of pathological processes in these neighboring organs has made material advance, and our knowledge of diseases of the eye and the nose has made corresponding progress. For instance, some years ago it was thought that orbital cellulitis was a

primary disease, the nasal accessory cavities being only secondarily attacked. Now it is known that the process is exactly reversed, and that the nasal cavities are the seat of the primary disease. The labors of investigators, during the last fifteen or twenty years, have given more definite information as to the co-relation of the orbit and the sinuses than the entire time previous to that period offered.

As to *diseases primary in the eye*: From the statement previously made, it was shown the microörganisms may pass from the conjunctiva into the nasal passages, causing disturbances there. As a matter of fact, it is seldom that a conjunctival inflammation ever passes through the nasal duct into the nose. In most cases the conjunctival inflammation extends only into the tear sac, causing a dacryocystitis. Migration from the nose into the conjunctival sac is by far more likely to occur. Even infection of the lachrymal sac is of comparatively rare occurrence, the conjunctiva being the seat of the primary attack, when the numerous and frequent conjunctival affections are considered. The sac is probably protected against invasion by swelling of the cancaliculi, which blocks the tear sac off from the conjunctiva, thereby affording immunity against the pathogenic microörganisms. This swelling of the canaliculi is due to their frequent participation in the conjunctival inflammation. It has been suggested that some degree of immunity exists on the part of the tear sac, but this is doubtful. This is surely not true in the case of streptococci, staphylococci and pneumococci, all of which are not infrequently found in the contents of the tear sac, and which play an important part in the causation of chronic dacryocystitis. Infectious material, however, can and does pass through the nasal duct into the nose, as shown in the case of the infectious granulomata.

Ocular disease may extend into the nose through the orbital walls. Orbital tumors of malignant character are prone to invade the nose and accessory cavities in this manner. I have in mind a case in which a sarcoma, originating in the lachrymal sac, encroached upon and filled the maxillary and frontal sinuses and the ethmoidal cells. It is possible for an orbital abscess to pass through the walls, though it must necessarily be of infrequent occurrence.

Purulent inflammation of the lachrymal sac invades the walls of the ethmoidal cells, causing their destruction and a pathological condition within the cells, themselves, much oftener than is commonly believed. This is particularly true of neglected cases of long standing. I have even seen the maxillary sinus involved from this cause, though but rarely.

In passing, it is necessary to allude to the refractive condition of the eyes as causative factors in sinus disease, in order to say that such exist only in the imagination of one or two who have written upon the subject. Eyestrain never has been, nor can it ever be, the cause of an inflammation of the nasal accessory cavities. The pain of glaucoma, iritis and herpes zoster has been mistaken for that of sinus inflammation, and *vice versa*.

Diseases primary in the nose are by far more frequent than those originating in the eye. Eye diseases of nasal origin are usually distinctly traceable to their source, which can be identified with little or no difficulty. There are three chief groups of eye diseases that owe their inception to some pathological condition of the nose or its accessory cavities. First, diseases of the lachrymal sac and its continuation, the lachrymo-nasal duct; with a number of other pathological conditions of the eye, directly or indirectly due to those of the lachrymal apparatus. Second, many diseases of the orbit, particularly those of an inflammatory character. Third, certain diseases of the optic nerve and the other nerves of the eye. In all these there is a continuation of the nasal disease to the eye, usually directly by way of the intervening structures, though sometimes by some other and indirect route. The path ordinarily traversed is through those channels already existing, such as the blood and lymph vessels, or more frequently the tear duct. Sometimes it passes directly through the intervening tissues by a process of destructive invasion.

Disease of the tear sac and tear duct may be considered to originate in the nose in the majority of instances. This is the more readily understood when it is remembered that the nasal mucosa is directly continuous into the lachrymo-nasal duct, and thence into the sac. Any pathological condition of the nose can easily pass from the nasal cavity into the tear duct by reason of continuity. Likewise, the nasal mucosa is continued into the accessory sinuses as a lining membrane, which may participate in the nasal conditions. There are many evidences of this, as, for instance, the occlusion of the nasal duct by an inflammation of an acute coryza; the fullness of the sinuses, with swollen mucosa occluding their ostia. In hay fever, though the condition is a neurosis, there is implication on the part of duct, eyes and sinuses in the majority of cases. It is possible, also, for the infectious material to be forced into the tear duct or sinus by increased intranasal air pressure in blowing the nose.

Any contraction, constriction or compression of the mouth of the lachrymo-nasal duct acts as a dam to the flow of tears, favoring the growth of microörganisms within the tear sac, destruction of its mucosa, necrosis of its osseous walls and the surrounding tissues. Fractures of the walls of the duct, neoplasms, and in fact obstructions of any description, mechanical or pathological, play an important part in the various forms of dacryocystitis.

Hypertrophic rhinitis may cause inflammation of the lachrymal sac, acting primarily as an obstructive predisposing, and perhaps later as an exciting, cause. Atrophic rhinitis, particularly where atrophy is associated with ozena, is a prolific causative factor in the production of disease of the sac. Especially is this the case where the formation of crusts takes place, either about the ostium lachrymale or away from it. In this instance there is a direct upward migration of the infectious microörganisms into the duct and sac with greater freedom and in larger amounts than in the simple hypertrophic form of rhinitis. Frequently, in cases of dacryocystitis, one

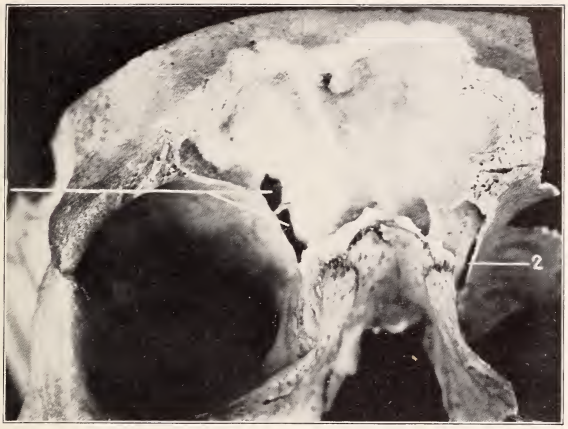

Plate I.—Frontal bone, with entire anterior wall removed. Thin orbital roof and walls. 1—Diverticula; 2—Beginning of nasofrontal canal.

Plate II.—Antero-posterior section of skull, to left of nasal septum. 1—Probe passed into left sphenoidal sinus; 3, 4—Right and left sphenoidal sinuses; 5—Frontal sinus; 6—Ostium maxillare. Thin plate of bone between sphenoidal sinuses, sella turcica and optic chiasm.

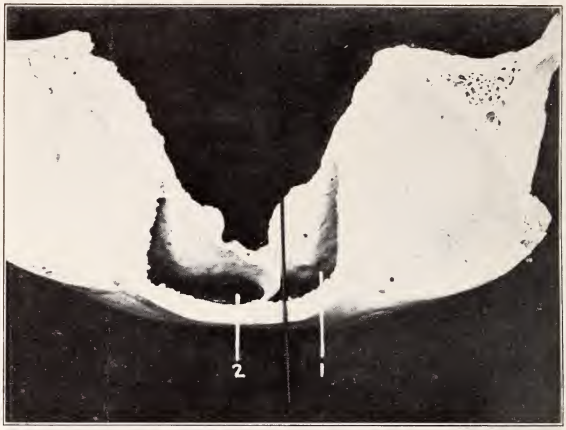

Plate III.—Section of frontal bone seen from below, showing roof of orbits (floor of frontal sinuses), probe laid across in median line. 1—Right frontal sinus; 2—Left frontal sinus. Sinuses are asymmetrical with complete septum bowed to left.

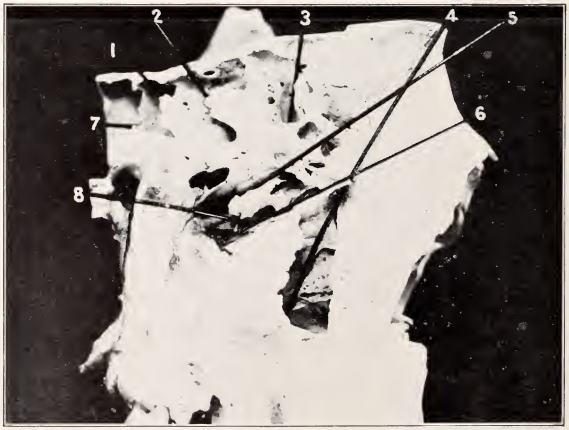

Plate IV.—Bony walls of face and orbit removed, showing: 1—Right sphenoidal sinus; 2—Posterior ethmoidal cells; 3—Anterior ethmoidal cells; 4—Lachrymonasal duct; 5—Ethmoidal space; 6—Superior meatus; 7—Left sphenoidal sinus; 8—Posterior end of middle turbinate.

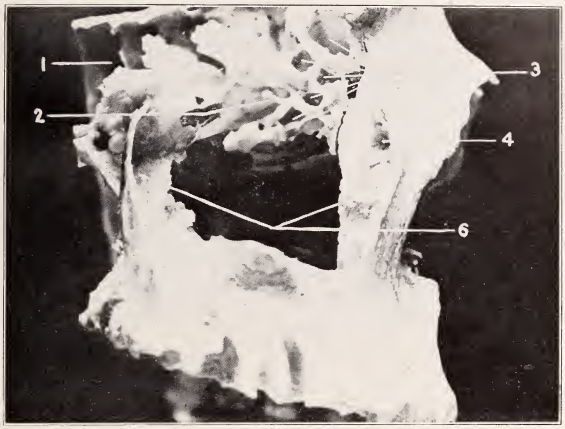

Plate V.—Portion of superior maxillary and inner wall of orbit removed, showing: 1—Sphenoidal sinuses; 2—Posterior ethmoidal cells; 3—Anterior ethmoidal cells; 4—Superior opening of lachrymonasal duct; 6—Anterior and posterior boundaries of maxillary sinus.

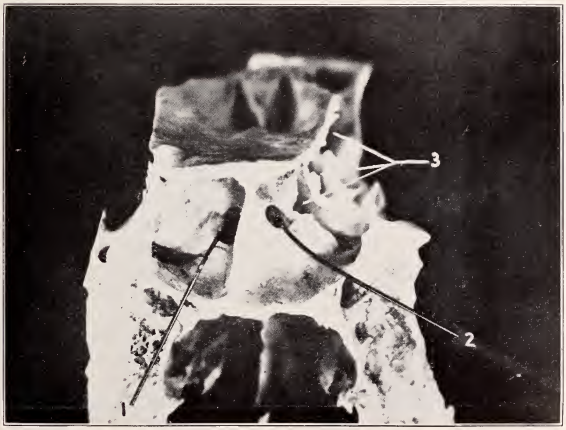

Plate VI.—Anterior and superior portion of skull seen from behind, showing: 1, 2—Left and right sphenoidal sinuses, with probes passing through ostia into superior meatus; note distance of ostia above floor; 3—Posterior ethmoidal cells.

Plate VII.—Transverse section of head, seen from front, just back of orbital margin: 1—Left frontal sinus; 2—Right frontal sinus; 3—Nasal septum; 4—Right lachrymonasal duct; 5—Spur on right side of septum; 6—Anterior portion left inferior turbinate; 7—Right maxillary sinus.

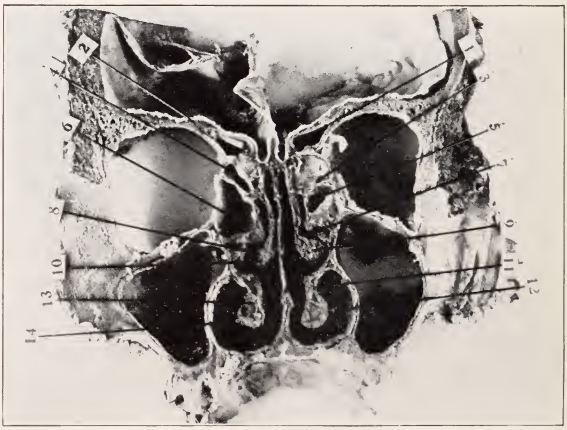

Plate VIII.—Transverse section head, three-fourths of an inch behind VII, seen from behind: 1, 2, 3, 4, 5, 6—Posterior ethmoidal cells; 7—Ethmoidal bulla; 8—Middle meatus; 9, 10—Middle turbinates; 11—Right inferior turbinate; 12—Right inferior meatus; 13—Left inferior turbinate; 14—Left inferior meatus.

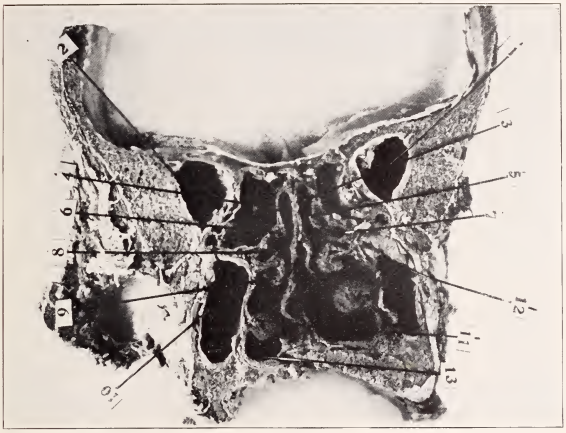

Plate IX.—Transverse section head, five-eighths of an inch posterior to VIII, seen from behind: 1, 2—Right and left orbits; 3—Superior meatus; 4—Posterior ethmoidal cell; 5, 6—Right and left superior turbinates; 7, 8—Ethmoidal bullae; 9—Middle turbinate; 10—Left maxillary sinus; 11—Left inferior turbinate; 12—Right maxillary sinus; 13—Left inferior meatus.

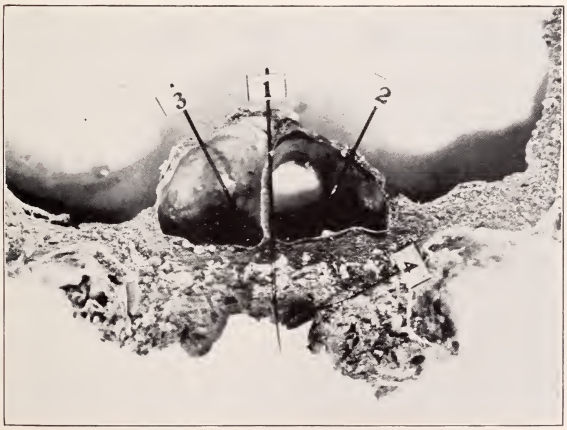

Plate X.—Transverse section through sphenoidal sinuses, seen from front: 1—Naso-pharynx; 2, 3—Left and right sphenoidal sinuses.

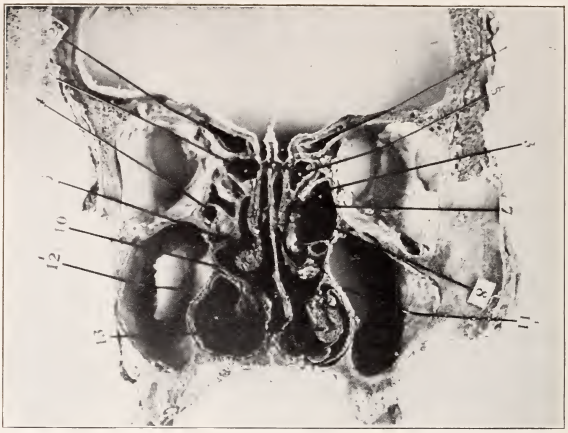

Plate XI.—Transverse section head, three-fourths of an inch posterior to IX, seen from front: 1, 2—Posterior ethmoidal cells; 3, 4, 5, 6—Anterior ethmoidal cells; 7—Left superior turbinate; 8—Left superior meatus; 9—Right middle turbinate; right superior meatus; 11, 12—Left and right maxillary sinuses; 13—Left inferior turbinate.

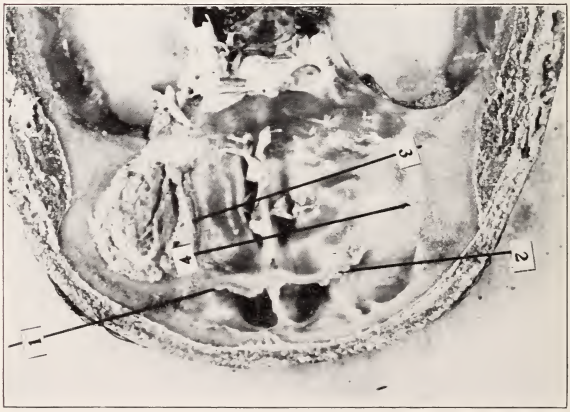

Plate XII.—Horizontal section head just below roof of orbits, seen from above: 1, 2—Right and left frontal sinuses; 3, 4—Right and left orbits.

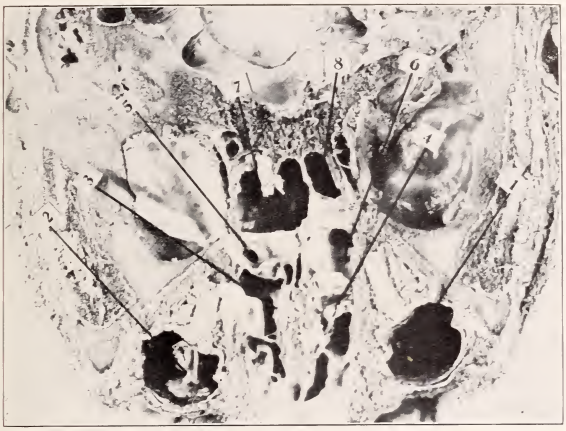

Plate XIII.—Horizontal section head, at middle of orbits: 1, 2—Left and right eyes; 3, 4—Anterior ethmoidal cells; 5, 6—Posterior ethmoidal cells; 7, 8—Sphenoidal sinuses.

Plate XIV.—Horizontal section head, at roof of maxillary sinuses, seen from below: 1, 2—Right sphenoidal sinus; 3—Left sphenoidal sinus; 4—Right superior meatus; 5—Left superior meatus; 6—Right superior turbinate; 7—Ethmoidal bullae; 8—Middle meatus; 9—Nasal septum; 10—Middle turbinate; 11—Roof left maxillary sinus; 12—Ethmoidal cells.

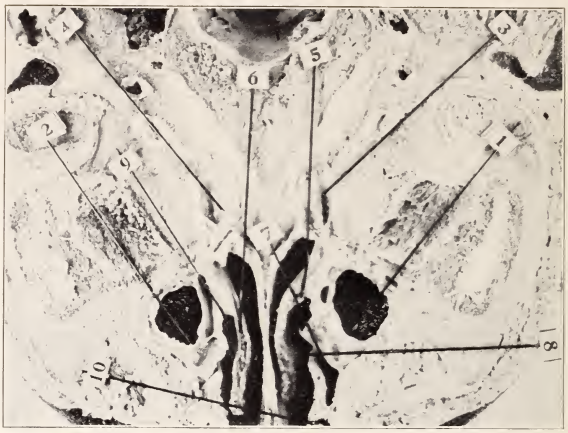

Plate XV.—Horizontal section of head, at roof of maxillary sinuses, seen from above: 1—Left maxillary sinus; 2—Right maxillary sinus; 3—Floor left sphenoidal sinus; 4—Floor right sphenoidal sinus; 5—Left middle turbinate; 6—Right middle turbinate; 7—Anterior ethmoidal cells; 8—Left middle meatus; 9—Right middle meatus; 10—Left lachrymonasal duct.

Plate XVI.—Horizontal section of head, three-fourths of an inch lower than XV, seen from below: 1—Right maxillary sinus; 2—Left maxillary sinus; 3—Naso-pharynx; 4—Right inferior meatus, upper part; 6—Inner wall left maxillary sinus; 7—Right inferior turbinate; 8—Left inferior turbinate; 9—Left inferior meatus, upper part; 10—Left nasal fossa.

is almost enabled to make a diagnosis from the odor of the breath alone.

Again, ulcerations in the nasal mucosa may cause strictures by cicatricial contraction of the affected tissue. Whatever the intranasal condition, dacryocystitis is always the result of pathogenic microörganismic infection, the lodgment occurring in the mucous membrane of the sac walls.

Other diseases intranasal in character, such as syphilis, tuberculosis, etc., are also productive of dacryocystitis, and the path of infection is the same as above.

Diseases of the ethmoidal cells are frequently enough associated with tear sac inflammations to lead one to question the relation existing between them. Most often, undoubtedly, the two are distinct and separate, but of common intranasal origin. There is no doubt, however, that the tear sac may be, and often is, primarily affected with a direct secondary involvement of the ethmoidal cells, the intervening osseous walls being destroyed in the advance of the disease.

Many diseases of the eyeball itself can be traced directly to infections of the lachrymal sac. This is especially true of corneal affections. A slight corneal abrasion, occurring in the subject of a dacryocystitis, may lead to hypopion keratitis and all the unfortunate complications that accompany the condition, with eventual loss of the eye. Serpiginous ulcers are distinctly traceable to tear sac infection, which is in turn due to nasal disease.

Chronic unilateral conjunctivitis is frequently associated with either active or latent inflammation of the lachrymal sac, thus showing its nasal origin; and a conjunctivitis of only one eye should always lead to investigation of the condition of the tear sac and the nose. In all such cases the nasal mucosa and the patency of the nasal duct should be carefully examined, as well as the contents of the sac.

Intraorbital diseases of nasal origin are not as frequent as tear sac inflammations. They are, however, generally of more serious import and not always so easily recognized, and may or may not be dangerous to life, depending largely whether they are of mallgnant nature or not. Even when of benign nature the function of the eye may be seriously interfered with or quite lost. Such intraorbital affections may act in a purely mechanical manner or they may be of an inflammatory nature, extending from the nose or its accessory sinuses into the orbit.

Mechanical interference with the bulbus oculi manifests itself by changing the position of the latter. Where there is but a simple protrusion of the eyeball there is only an exophthalmus and no visual disturbance. When, however, the eye is displaced in a vertical or a horizontal direction there will be a corresponding diplopia, depending, of course, upon the degree and kind of displacement.

The optic nerve, lying in its normal position in the orbit, forms a double curve somewhat resembling the old-fashioned letter "S;" but when stretched for any considerable time this form is lost, and its function is interfered with, and may be quite abolished. The same is true, also,

if it be compressed at any part of its course. Compression or stretching may also cause pain, due to injury to the ciliary nerves and interference with the circulation within the blood vessels.

The chief among mechanical causes of compression within the orbital cavity are ectasia of the nasal accessory sinuses, emphysema, neoplasms, mucoceles and hemorrhages. The last mentioned usually occur secondary to neoplasms, destructive ethmoidal lesions and traumatic conditions.

The ocular displacement varies with the location of the cause. It is outward, if from the region of the ethmoid; downward, if from the frontal sinus; and upward, if from the antrum. The condition of the enophthalmus, or sinking of the globe within the orbit, is rare and is usually due to traumatism to the bony walls, and is sometimes the result of a retrobulbar abscess.

Inflammatory diseases of the orbit are caused far more frequently by similar conditions of the nasal accessory cavities, though they are also due to metastases, thrombophlebitis or lymphangitis in the immediate neighborhood of the eye. Simple inflammations, as furuncles in this vicinity, have been followed by orbital cellulitis. Acute exacerbations of sinus disease is liable to cause it.

As previously stated, the majority of orbital diseases occur in conjunction with empyema of the accessory sinuses. They may extend into the orbit from any of the sinuses, but the direction taken by them is usually forward, in the direction of the anterior opening of the orbit.

Where there is a diffuse cellulitis, rather than an abscess, the danger is decidedly greater, owing to the liability of extension toward the cranial cavity.

The symptoms of a threatened perforation of empyema of a sinus are not always pronounced, but there is usually edema of the lid, slight exophthalmus, conjunctival chemosis, more or less pain, its location varying with the seat of the disease, slight elevation of temperature and the general disturbances attending an empyemic condition.

The pain in frontal empyema varies greatly in intensity, from a slight heaviness in the forehead to excruciating distress, with more or less pronounced tenderness at a point directly above the globe when pressure is made upon the floor of the sinus. In ethmoidal involvement the tenderness is shifted to a point at about the inner angle of the eye, directly over the ethmoidal cells. As both the frontal and ethmoidal cavities are frequently involved, the tenderness and pain may be of a mixed character. In antral disease, the pain and tenderness are usually referred to the region of the superior maxillary and there is ordinarily a particularly tender spot in the canine fossa. In disease of the posterior ethmoidal cells and the sphenoidal sinus the pain is illy defined, sometimes at the vertex, the occiput, or it may be more or less general over the entire head. Stooping, straining or lifting always increases the severity of the pain, and the patient, rather than stoop over for the purpose of picking up an object

from the floor, will bend the knees and assume a squatting position.

Disease of the frontal sinus may cause a sympathetic condition without actually breaking through the bony walls. Edema and congestion of the upper lid, with moderate injection of the globe, is frequently observed. The tenderness exists at the seat of thinnest bone, about midway between the canthi, or a little nearer the inner angle, and here it is that perforation usually occurs.

In ethmoidal empyema the symptoms are practically the same as those of empyema of the frontal sinus, with the differences of location and relations. Chronic empyema of the ethmoidal cells with acute exacerbations is most frequently responsible for orbital involvement from this region, and the displacement of the globe is more distinctly outward than in frontal empyema, where it is more downward and a little outward.

Maxillary empyema can also produce orbital inflammation. This form of empyema has been, and still is, attributed largely to carious teeth, the infection being carried into the antrum through a perforation in the dental process, through an opening directly from the root of the infected tooth or through the lymphatics. While this undoubtedly does occur with considerable frequency, I can conceive of no more distinctly direct involvement of any sinus from intranasal pathological conditions than those which occur in the maxillary sinus. Its form, size, the location of its ostium or ostia, all favor infections. Pathological discharges from the frontal sinus and the anterior ethmoidal cells are particularly prone in the middle meatus or the infundibulum, to enter this cavity and produce an infection, the antral opening being so situated as to preclude free or easy drainage. Occlusion of the exit means pressure in the direction of least resistance, and this is frequently toward the orbital cavity. In this case orbital involvement may cause the eye to be deflected distinctly upward, with a corresponding diplopia. There is also edema of the lower lid and the lower part of the bulbar conjunctiva. The entire side of the face may be swollen and edematous.

Perforation may occur in empyema of the sinuses with orbital abscess. In frontal empyema with perforation, it usually takes place at about the middle of the upper part of the orbit or it may be a little outward from this point. In empyema of the ethmoidal cells, it occurs usually at a point near the inner canthus and above it. In antral empyema, the perforation is in some point in the lower lid, though it may take place at or near one of the canthi.

The *optic nerve* is undoubtedly implicated in sinus affections more often than is supposed, particularly when the posterior sinuses are the seats of the lesion. The nerve, in the optic canal, is in contact with the wall of the sphenoidal sinus or the posterior ethmoidal cells, or both. The thickness of the bony partition varies from extreme papery thinness to more than 1 m.m., and these variations sufficiently explain why all cases of inflammation of the sinuses are not productive of optic nerve changes. Oc-

casionally—and more frequently than usually thought—there is an abnormal expansion of one or the other of the sinuses, so that the cavity extends along the optic canal. This is particularly true of the frontal and the maxillary sinuses. It is quite possible to overlook the influence of inflammation of these cavities upon the optic nerve. It is more than likely that some of the obscurer affections of the optic nerve are of nasal origin, such as infections from influenza, colds, rheumatism, etc. Indeed, some of the so-called syphilitic inflammations of the nerve, when the history of the case is doubtful, may well be of sinus origin.

These questionable points could be settled without great difficulty by making a thorough examination of intranasal and sinus conditions. To be sure, it is not always easy to make a diganosis in cases of posterior ethmoidal and sphenoidal sinuitis, but it is comparatively simple to open these cavities for drainage in suspected cases. There may be a recurrence of an optic neuritis, due to sinus involvement, owing to acute exacerbations of a chronic inflammation. These are the cases in whcih diagnosis is difficult, but where such symptoms are present the sinus involvement should at least be suspected. Unilateral optic neuritis should always suggest sinus origin. The condition of the disc varies from normal in the earlier stages, to atrophy in the later. There may be the complete picture of choked disc as the nerve involvement progresses. Deep-seated orbital pain and increased sensitiveness upon pressing the eyeball backward are symptoms of some importance in optic neuritis, and painful movement of the globe may also be present, though the last is the more frequent in orbital cellulitis.

Simultaneous with involvement of the optic nerve there will be functional disturbances of varying nature. Sudden and sometimes rapid diminution of vision of the affected eye may lead to complete blindness, though, as a rule, the progress is more gradual. Defects in the field of vision are not of a constant nature, but can nearly always be determined, even in the earlier stages. They may exist on the temporal side of the field, in the central portion or be simply irregular, giving the appearance of ordinary nerve atrophy.

The nerves within the orbit, aside from the optic nerve, are seldom involved in the extension of sinus disease, if the results of mechanical interference be excepted. In such case impairment of motility is due to serous infiltration of the tissue of the extrinsic ocular muscles. When paralysis does occur it is more likely due to compression caused by a neoplasm, or to septic thrombosis of the cavernous sinus.

In this connection reference may with propriety be made to affections of the sensory nerves of the orbit, in sinus disease. The deep, dull pain due to inflammations of the posterior sinuses: the supraorbital neuralgia of frontal sinus origin; and that of the infraorbital or maxillary region, are too well known to require more than mention. Often neuralgias exist, the origin of which is obscure, and no suspicion may be aroused as to

the sinus involvement. Therefore, it is expedient in such cases to examine carefully the nose and accessory cavities in all neuralgias of the face and head.

Finally, the use of the Roentgen rays is one of the most valuable of all means for establishing a satisfactory diagnosis in cases of suspected sinus disease. This is true more for the anterior sinuses than for the posterior. Owing to the fact that much osseous tissue must be traversed in making a radiograph of the posterior ethmoidal and the sphenoidal cavities, the result is not as satisfactory as could be desired; but the frontal, the anterior ethmoidal cells and the maxillary sinus yield an excellent field for this form of diagnostic art.

The accompanying plates have been made by the author for the purpose of illustrating this article, the sections of the head being two-thirds natural size, while the illustrations of bones are from one-half to full natural size.

ECLECTICISM OF TO-DAY.

Harvey Wickes Felter, M.D., Cincinnati.

I have been asked by your chairman to prepare a paper on "Eclecticism of To-day," which shall embrace (a) history, (b) reasons for existence, (c) reasons for using vegetable in preference to other forms of medicine. I shall comply by briefly epitomizing the history leading to our present day practice, which will review the rise of our Eclectic materia medica and therapeutics, and unfold some of its development in its progress to the present time.

Eclecticism of to-day is reaping the harvest from the seed sown by the Eclectic pioneers nearly a century ago. It owes its existence to the studies in materia medica inaugurated by them under the stress of necessity and in their zeal for a more humane practice of drug medication. That it has fulfilled the aim of its progenitors is evident from the success that has marked its long and honorable career.

From the day when Wooster Beach opened his school and clinic in New York City for the teaching and demonstration of a simpler and more humane practice of medicine than was then common, his successors, now embraced chiefly in the Eclectic school of medicine, have bent their efforts toward the same ideal. The struggle, now crowned with signal victory has been a long one, a hard one, and a persistent one. No movement, we venture to say, having for its great purpose the alleviation of the ills and miseries of the human mind and body, ever encountered greater antagonism and senseless opposition, or traveled a more thorny pathway. Looking backward over the century agone it appears to us of today nothing less than brutal—the great black stain upon the escutcheon of American medicine—that men intent only upon doing good should have been so relentlessly harassed and persecuted as were the early Eclectics and their

immediate followers. A little reflection, however, will recall that in this as in other cycles of development of a new art or a new practice, history was only repeating itself. The pathways of the founders of the general sciences were similarly beset and strong indeed was the innovator who could successfully tread the rocky footpaths and win the goal. Time proved, however, that like those persecuted for opinions of religion, the early Eclectic was built to endure. He builded on a rock and the structure he erected has weathered the storms and withstood assaults of nearly a century. Had he lived but a few decades before he would have forfeited all for his daring. That he lived in an age when the stake and fagot had been reluctantly abandoned alone prevented him from the fate of a Ridley or a Cranmer—endured for conscience sake—or a Servetus, offered upon the fires of religious and scholastic intolerance.

The world of learning and religious potentates tried to throttle the voice of Galileo heralding his great astronomic discovery, lest it should upset the teachings upon which their selfish dogmas were based. Harvey was adjudged by even his intimate acquaintances as of possible unsound mind for his temerity in finally announcing his great discovery of the circulation of the blood. Fulton's revolutionary application of steam to navigation was branded "Fulton's folly." Samuel Thomson was persecuted and imprisoned by both the medical and legal professions for endangering the security of a practice of medicine extremely barbarous, as plied by a close organization of doctors who would book no interference. To this day he is regarded by some as an illiterate quack and sleeps in an almost unknown grave in the heart of the great and busy city of Boston. Yet the works of such men have been the turning points toward progress in the careers of nations and of peoples. What else could be expected, then, when a few men undertook the task of modifying an unpleasant and destructive practice of medicine?

What did the pioneer Eclectic seek to accomplish? He found a depressing and to a large extent a death-dealing practice of medicine. He found, likewise, an unprogressive profession wedded to the most energetic of inorganic poisons which were used in full and disastrous doses of medicine to combat "phlogiston" in the body. These they called "antiphlogistics." To these medicines the Eclectic took exceptions, and being denied a respectful hearing and good standing in the profession, proceeded to form a new and American school of medicine, whose teachings should embrace a milder and kindlier form of treatment. He had no new theories of disease nor did he oppose the phlogiston theory nor seem to take exception to depression as a therapeutic necessity. But he sought to *modify* medication and treatment and his became a practice of substitution. He would replace old and harsh methods with new and kinder ones. In attempting, therefore, to appreciate the work and motives of the early Eclectic, one must take into account that no new conception of disease

was wrought out by him, but that he inaugurated and waged his fight against the *abuse* of medicines and means as then employed.

The early Eclectic was a natural observer and extremely practical. He had little regard for authority and his descendant has not improved on him in that respect. Of one thing he was very certain, and that was that so-called mineral medicines as then used were very destructive to tissues —a degree of destruction brought most vividly to him in the administration of mercury. So destructive was mercurial salivation, and "touching the gums" was considered imperative to successful treatment, that old school authorities of today recount with horror the havoc wrought by mercury and its salts. Blistering and bleeding, added to the ravages of disease and mercury, made the doctor a veritable terror to the people. If one has any doubt at this hour that the early Eclectic was justified in his opposition to mineral medication he has only to read the comments of the learned Dr. Stille and others of equal standing in the dominant school of medicine to satisfy himself that time has justified the pioneer fighter for a better practice of medicine and that the belated laurel befits his brow.

Having before him then the ever-present pictures of tissue destruction— bone necrosis, glandular dissolution, corroding salivation, and emaciation unto death—all wrought in the name of scientific medication, the Eclectic naturally sought medicines that would antagonize phlogiston in a milder way and with less tissue destruction. His chief battle was waged against mercury. This being then the most universally and heroically used chemical, it represented to him the type of all evil in medication, and being a mineral gave him a rooted prejudice, well founded, against all medicines of mineral origin. Still the time never came when inorganic chemicals were wholly proscribed, and to this day some mineral substances continue to be employed by the Eclectic. The tendency has been, however, toward the use of medicines of vegetable origin, and this shows no abatement as time rolls on.

The warfare against the *abuse* of inorganic or so-called mineral medicines, therefore, led practically to their abandonment by the seceders. Among the rank and file so great became the antipathy to medicines of inorganic source that one was seldom found who would use or recommend them, and should he have the temerity to do so he was almost as universally scathed as his censors had been at the hands of the regular profession for denouncing them. This led to the charge that the Eclectic "is not allowed to use mercury" where, as a matter of fact, against the abuse and not the use of any substance as a medicine has been the teaching of Eclectic leaders.

It was now but a step to substitution. The Eclectic lived close to living nature and he found it easy to study the plants that surrounded him everywhere, with a view to their therapeutic service. He had less pharmacal familiarity with the physical manipulation of minerals, and from their observed action upon the sick he cared less for them. He soon dis-

covered that with the abundance of plant medicines all about him that acted at least less destructively the world could well afford to do without mineral medicines. At once he began that study of plant drugs that has continued uninterruptedly from the day of his revolt down to the present and has given to the world the better, and by far the larger part of plant drug therapy—now the crowning master-work in American medical achievement.

The medicines of the early Eclectic were the crudest of the crude, but they were mostly derived from the living plant. He scoured the country for potent sources of cure and laid under tribute the bounties of the field and forest—the great out of doors. And herein perhaps lay the crux of the whole matter, he believed that living things (plants) had a potency not possessed by the inanimate, a belief shared by many to-day, and this prejudiced him in favor of vegetable in contradistinction to mineral medicines. To this fact alone, coupled with his greater knowledge of plant resources, may be attributed the preference for plant medicines in the Eclectic school.

While the substituted medicines of the pioneers were less destructive to tissues, still they were physiologically harsh and depressing. They flattered themselves, however, that they created no such havoc as did mercury and its like. For mercury they substituted the drastic cathartics podophyllum and leptandra. Some still believed that physiological salivation ought to be increased in order to cure disease and to accomplish that purpose they added iris to their armamentarium. With this trinity they could do all that could be done with mercury, and while but little less harsh, depleting and depressing, they left the body anatomatically intact. They reasoned, therefore, that they had introduced a more humane practice, and persisted in their efforts to replace objectionable therapeutic agents with drugs of vegetable origin.

The majority of Eclectic physicians were country doctors—that class of practitioners, self-reliant, resourceful, and shrewd observers and reasoners—a body of men that never yet has been valued at its fullest and true worth. Not living in the centers of greatest activity, they were denied many of the advantages the leaders of the opposition took care that they did not enjoy. The drugs they needed were not kept in most of the shops, and if kept, through some hidden influence or open persuasion were grudgingly sold to them. In some instances apothecaries refused to prepare their medicines or to sell them drugs. Moreover, many of the preparations sold had no medicinal value. Then did the Eclectic go to first source and gather his plants and prepare his own medicines. He dug roots and carefully prepared them, he peeled barks and dried them, observing much caution as to sun and shade, and he plucked leaves and flowers and fruits and made a study of how best to manipulate them so as to retain their fullest medicinal qualities. As an herbalist he became so expert that he was known approvingly by some, opprobriously by others as "the root and herb doctor."

Everywhere he sought therapeutic facts—in the crude ways of domestic medication, from the unlettered Indian, and he came dangerously near an alliance with the Thomsonians—then known as the "steam doctors"—whose medicines were wholly vegetable. From the latter source he derived a working knowledge of drugs of great value, of which lobelia was the best and most famous type. Out of this chaotic mass he evolved his splendid materia medica. All this was but a step in the evolution of a school not yet created and a system of therapeutics yet to be formulated.

Retrogression was not among the traits of the early Eclectic. From the simplest of beginnings he steadily progressed to a more complicated pharmacy. From the bulky and nasty doses of powdered crude drugs it was but a step to the infusion and the decoction. Then, fondly believing that he was making medication pleasanter, came the syrups and there were a host of them. Whiskey, wine, brandy, cider and vinegar tinctures quickly followed, but he never reached the point where he became an ardent admirer of fluid extracts. Then came a period when he stepped over the borderline of crude office pharmacy and mere clinical observation into near-scientific investigation, and the nasty and huge doses of medicine gave way to evolved products that could be administered in small doses with some degree of comfort to his patients. John King discovered and prepared resin of podophyllum. He named it exactly what it was; others named it podophyllin. He also prepared resin of iris, and resin of cimicifuga or macrotys. Others christened them irisin and macrotin. A new pharmacal and therapeutic field of great promise opened before the Eclectic and his hopes ran high. It was believed that all vegetable medicines could be similarly prepared. Enthusiasm exalted him, for had he not made a great scientific discovery and added to the world's pharmacy a desirable and new form of medicinal product?

But the serpent crawled in. Selfish commercialism, ever alert for an opportunity to gather shekels at any cost, began the wholesale and indiscriminate production of "concentrations" under the class name of "resinoids." Up to this period the success of the Eclectic practitioner was uninterrupted and had become known abroad. His skill in treatment had become proverbial, and in spite of persecution from the regular profession, his drug preparations were attracting recognition, as drugs of fresh and prime quality always do, and the school, now fully organized, was growing at a rapid rate. The placing of the resinoids upon the market as attractive Eclectic medicines, to be given in small and pleasant doses, appealed to both patients and doctors alike, and many of the old school physicians purchased and used them.

Then came the blow that almost shattered Eclecticism. The Eclectic had been betrayed in his own camp. Most of the resinoids proved wholly worthless—wholly devoid of therapeutic power. The manufacturers had dealt unfairly. With few exceptions the only potent concentrations were those first prepared by Dr. King. The fault lay, not with the Eclectic

school, but with the commercial promoters, but the former was nearly wrecked by this "resinoid distraction." King, with all the vigor of his young manhood, rushed into the breach and struck the blow which ruined forever the nefarious scheme of the drug filibusters. Though he had fondly hoped that those concentrated medicines which he had discovered and introduced would be followed by others of equal value and become the medicines of the day, he quickly sifted the wheat from the chaff, and published an effective exposé of the drug fakers of resinoid ill-fame. The blow killed the serpent. From an unsavory, compromising, and demoralized position, Eclecticism was saved from a treacherous transaction in which it had innocently confided but in which it had had no hand.

It is a familiar saying that it is darkest just before dawn. If ever true this was figuratively true of the Eclectic school. "To go backward is not to advance." The Eclectic was reluctant to return to the old forms of medicine, for he hoped for so much from concentrations. Schools for teaching Eclectic medicine had been established, and had thrived beyond the fondest of expectations. Now, however, neither brotherly love nor harmony guided them. Visions of greatness seen by some led to the planning of a great free institution of medical learning. Others, better balanced, saw the futility and ultimate failure of such a venture. Disruption and ruin threatened. The Civil War was close at hand. Already the blustering voice of the demagogue was heard in the forum, and soon that hell which we call war was to destroy the young manhood of the nation. Students became fewer. The South was divided from the North, and the sons of the Southland had made up a large proportion of the matriculants of the northern school of Eclectic medicine. Financial mismanagement involved the mother institution, and finally a rival school, gathering to it an abler faculty, added to the embarassed situation. Dark, indeed, and desolate looked the future. Then the pall of darkness lifted and the day appeared. As with the hosts of Israel of old, a Joshua had arisen and was to lead the people. John Milton Scudder saved Eclecticism!

Not only did the new leader reorganize the so-called forces of Eclecticism and infuse new courage and hope into them, resuscitate the moribund college and straighten out the financial tangle, but he began to teach a new gospel of medicine. The early Eclectic had bent his best efforts toward kindlier medication of disease, but he had never fully gotten away from the antiphlogistic method of treatment. To be sure he had chosen the slogan *Vires vitales sustenete;* but his way of sustaining the vital forces consisted mostly, not in a change in theory, but in using means less deadly. His medicines and his treatment were undeniably more humane than those he opposed, and his success in reducing mortality had a modifying effect upon the practice of the rival schools. In thus shaping medical and public opinion credit must be given also the Homeopath, who had now become well established in America.

Scudder taught that disease was not an entity, but a wrong of life. There was either destruction of tissue or faulty functionation. The phlogiston theory was wholly discarded. He taught that life must be conserved and wrong life corrected. To do this he believed that medicines should act kindly, almost silently, and should be given in the smallest possible doses. He emphasized the fact that like causes produce like effects, and that diseases were not best studied as named diseases, but by conditions as manifested by signs and symptoms. These symptoms were unerring guides and bore a definite relationship to conditions of disease. These conditions, he taught, should form the basis of the therapeutic adjustment of drugs, for a drug having repeatedly relieved or cured a given condition was assumed to be the medicine adapted to that condition as revealed by disease expression, whenever and wherever found. The conditions so expressed he called specific indications and the drugs meeting those conditions "specific medicines." This new and practical philosophy of disease and its treatment did away with depleting and depressing medication and gave the first real meaning to the motto "sustain the vital forces." Though Scudder himself passed through the unpleasant experiences of the reformer, he lived to see his views universally adopted in the Eclectic school, which at first viewed them with misgiving and extreme suspicion.

Moreover Scudder clung tenaciously to vegetable medicines. He evolved new uses for them and formulated the specific indications for something like two hundred medicines. He advocated office pharmacy at a time when drugs called Eclectic were unworthy of the name; and his specifications for the preparation of active, live medicines gave rise to what are now the specific medicines of the Eclectic school of medicine and pharmacy.

Thus, briefly, in this paper have we recounted some of the reasons why the Eclectic school has a right to exist. We have touched briefly upon its therapeutic history and philosophy, and have indicated why the Eclectic uses by preference drugs of vegetable origin. We might add that the Eclectic early recognized that vegetable drugs in most instances acted more especially upon function, while mineral agents more often impressed the body physically and chemically. This strengthened his faith in vegetable therapeutics and the reasons given, added to his innate partiality even for "the hyssop that groweth out of the wall," and "the leaves of the tree that were for the healing of the nations," all conspired to form the basis of his Eclectic confession of faith.

Vein-to-vein transfusion possesses over the artery-to-vein operation at least the advantage of sparing the donor a conspicuous scar and the loss of a large artery. With a tourniquet lightly applied to his arm the venous pressure may be made abundant, and the blood flow correspondingly rapid.—*American Journal of Surgery.*

SPECIFIC MEDICATION, SYMPTOMATOLOGY, MEANING.

W. N. Mundy, Forest, Ohio.

Specific medication, as I understand it, offers to the profession a safe and sane method of therapeutics. Its principles are based not solely upon empiricism, nor laboratory experimentation, but upon clinical observation. It necessitates for its proper application a careful study of the symptomatology of a disease, and hence of the patient. A study of the symptomatology, of necessity, compels a study of the pathology. Hence, to understand and apply it, specific medication, as we understand it, necessitates a thorough study of medicine. I, personally, am not one who believes that it is not necessary for a specific medicationist to be a good diagnostician. On the contrary, I firmly believe he must be able to diagnosticate correctly, else he will not be able to apply understandingly and effectively his knowledge of therapeutics. The advantage of the system is, one can relieve and mitigate a diseased condition before a disease has fully developed; in other words, he knows what to do for his patient as soon as he has carefully studied his condition.

It is an error to say we use or apply our remedies for certain diseases. We do not. We apply them for conditions or symptoms that prevail, no matter what may be the nosological name of the combination of symptoms. The Allopathic branch of the profession apply their remedies for names. They treat a disease as an entity; then by means of a serum or vaccine endeavor to expel it from the body. The most recent exploitation of such a remedy is the recent serum for tuberculosis. It is also exemplified in the serum treatment of meningitis, tetanus, hydrophobia, and in fact all infections. In this method of therapy no account is taken of the diversity of symptoms. The only fact needed to be known is the germ associated with the disease, then use the serum indicated.

We can probably more forcibly illustrate the difference in the application of remedies and the reliability and superiority of specific medication by referring to the treatment of scarlatina. In a recent visit to the contagious group of a modern hospital, we were impressed with the simplicity of treatment. The scarlatinal patients received Fisher's solution, antistreptococcic serum, baths. These are of course associated with the most modern ideas of hygienic surroundings. It is not necessary to depict to you the variety of symptoms prevailing in scarlatina and how we would vary our treatment with the prevailing symptoms. Here is one with the irritable, nervous system. The eyes are unduly bright, he is excitable, temperature high and delirious. His neighbor may show a dusky color of the skin, the eruption is tardy in making its appearance. He is dull, stupid or even comatose. Would you treat each alike? I would not. I know of no disease presenting a more varied symptomatology than typhoid fever. Reviewing its treatment in a recent work accepted as authority we were impressed with its stereotyped character. But little import

is attached to its diverse symptomatology. The principal agents mentioned are stimulants, hydrotherapy and intestinal antiseptics. We have no such stereotyped methods. We too use the utmost care in nursing, but we treat our patient symptomatically as well. One is delirious from the very onset of his attack. Works constantly, picks at the bedclothes, talks incessantly. Our next fellow may be stupid, but quiet, and the third show no disturabnce of the nervous system, though his temperature may be equally as high as either of the two mentioned. One may have a severe diarrhea, another but two or three passages in the twenty-four hours. One the tongue may be broad, pasty and heavily furred. In another it may be dry, fissured, red and devoid of any coating. Thus we might continue to contrast our cases, depicting the variety of conditions met with in the same named disease. These statements are equally true in pneumonia, diphtheria, in fact in any disease.

Specific medication takes cognizance of this variety of conditions and attempts to adjust the treatment to the more salient conditions presented, not to the name. It does not attempt to treat a compilation of symptoms to which a name is attached, but aims to individualize and treat conditions. The statement that it is applied to disease is erroneous and is often wrongfully and maliciously made, or else the writers are too indolent to study the subject. We can all readily recall our teaching, "that like causes always produce like effects." In 1874 Prof. J. M. Scudder used this expression, "Physicians have so long practiced by rote, and taken it for granted, that there is no certainty in medicine, etc."

Observations and continued study have established some certainty, and the only excuses for "Therapeutic Nihilism" today are ignorance, indifference or an absolute refusal to study the certainties of therapeutics as exhibited by specific medication. Should we define specific medication in a few words, we would do so thus: "It is a prescribing for symptoms as evidenced by disease. It takes into consideration both symptomatology and pathology." Scudder in 1874 wrote thus: "We do not propose to teach that single remedies are opposed to diseases according to our present nosology. These consist of an association of functional and structural lesions, varying in degree and combination at different times, very rarely the same in any two cases. To prescribe remedies, rationally, we are required to analyze the disease and separate it into its component elments, and for these we select the appropriate remedy." We use the term specific with relation to definite pathological conditions and propose to say, that certain well-determined deviations from th healthy state, will always be corrected by certain specific medicines."

Fyfe on page 7 defines it thus: "In order that there may be no need of misunderstanding by the reader, it is here stated that the Eclectics do not administer specific medicines for specific diseases as they are classified by the generally accepted nosology. We prescribe specific remedies for specific pathological conditions—that is, they divide diseases into their

component parts and prescribe for them in accordance with the symptoms —disease expressions—presented."

Thomas, in "Eclectic Practice of Medicine," says, "Study the conditions that are present. This may be wrongs of the circulation, of the nervous system, of the secretions, of digestion, of assimilation, or wrongs of the blood, but whatever, the basal lesion, it must be overcome if the patient is to be benefited by medication. I appreciate that it may not always be possible to recognize the pathological condition, but until we do, we cannot hope to treat our patient in a rational manner. This then, is specific medication—specific remedies for specific conditions."

Ellingwood defines it thus: "Specific therapeutics is a term adopted to specify the adaptation of each remedy in the most direct manner, in accordance with its selctive action upon any organ or part, for the restoration of that organ or part to health." Farther: "In a strict sense of the word, there are but few specifics to a given disease as comprehending all the symptoms included under one common head, but by dissecting each disease, by carefully analyzing it, by carefully studying its manifestations, we find prominent factors evidenced by well-known symptoms. Those experienced in direct prescribing know well that sometimes a single condition may have so much prominence that treating it alone directly will relieve all other symptoms, and, understanding well the character and influence of our remedies, we may often accomplish this result with a single remedy."

Thus we have given the definition of others, as well as our own view of what constitutes "Specific Medication." It is often misunderstood and misinterpreted. Often we fancy from a lack of knowledge and often misconstrued intentionally. After an active experience of thirty years I am today more fully impressed of its virtues than I was when a young graduate. This one thing I know, when I depart from its teachings and prescribe for a name, I find myself in uncertainty and doubt. I follow its teachings with as much certainty as I prescribe a dose of morphine for the relief of pain. Again, there is not a single allopathic physician within my circle of professional friends who are not following its teachings. It is growing in favor despite adverse legislation, criticism and Councils of Pharmacy.

In lumbar kidney operations take pains to protect the ilio-hypogastric nerve. Its division causes paralysis of a considerable area of the abdominal wall and produces a distressing pseudo-hernia. If the nerve is divided in the operation suture it.

To encourage the drainage of pus from the pelvis through an abdominal wound it is helpful to have the patient lie face downward at intervals, preferably with the foot of the bed elevated—but not until two or three days after the operation.—*American Journal of Surgery.*

SELECTION, PREPARATION AND CHEMISTRY OF DRUGS.*

JOHN URI LLOYD, PHAR.M., CINCINNATI.

In the long ago, there lived a people very proud of their city. They built a great wall about it, and put a magnificent gate in the wall, as an entrance to the city. They invited a philosopher from afar to visit them, and he advised that they keep the gate shut, lest the city escape; so great was the gate, and so small the city! The title selected for my remarks reminds me of that story, which I have used once before. It embraces so much within reach however, that I feel sure I shall have an opportunity to select something useful from out its greatness, to bring to your attention. Indeed, enough is it in itself to give texts to the pharmacists and chemists of the world, who might speak and write volumes, and yet not exhaust any phase of this subject. In the "Selection, Preparation and Chemistry of Drugs," we have a labyrinth of problems, recognized as of the greatest importance, going back to the days of long ago in mediæval Europe and Arabia, and backward still to the days of long ago to the materia medica of Egypt, where, perhaps, people first studied the different agencies for the relief of the diseases of humanity. That study is not yet finished, and, indeed, it is a question whether we are yet well upon the threshold of its problems. Questions are constantly coming up concerning the cultivating, collecting, curing and handling of the materials we use in making medicines. I have studied and written and experimented and recorded, only to find myself each day deeper in the maze of entrancing questionings. I can say to you frankly that if I had been asked twenty-five years ago to speak on this subject, I should have taken it in hand much more confidently, and would then have answered it with a much greater degree of assurance than I can to-day. The longer I work, and the more I study, the more I hesitate concerning conclusions in this direction. The more light I obtain, the more questionings arise. Changes before unknown, introduce problems unexpected. From the depths of every drug and every fragment of a drug, come questions yet unanswered. Not a plant in the entire list of nature's remedies but has substances and combinations unknown to us. If these problems were limited to but one drug, our chances for a solution would be better, but they are common to all, and the answer, "I do not know," is the only one possible to a multitude of questions a child may ask. Every day I meet problems regarding drugs that I have studied for decades, but whose mysteries I can not solve, and which, so far as I can discover no one has ever solved.

Some of the problems on which we are working concern growing vegetation. Some of these the agriculturist meets, and our difficulties are his. In our own country we daily find developments in plant life,

* Remarks of John Uri Lloyd, Phar. M., in reply to the above "Query," at the National Eclectic Medical Association, Dallas, Texas, July, 1913.

different from anything we have heretofore met, and under our very eyes new problems arise, unseen the day before. Nor are our perplexities to-day limited to those that enveloped research a hundred years ago. We have added other troubles and perplexities then unknown.

Thirty-five years ago, at the Eclectic Medical Institute, I was continually receiving letters from Western physicians regarding a plant called "Loco Weed," or "crazy weed," from its peculiar effect upon horses. Samples were then sent me which I investigated, and concerning which, about thirty years ago, I wrote an article for the *Eclectic Medical Journal,* the first, to my knowledge, that was published concerning the "Loco Weed." I found in this plant no organic substance that could account for the effect ascribed to it. Professor L. E. Sayre, then of Philadelphia, later moved to Lawrence, Kansas, and naturally became interested in Loco Weed. He wrote me about it, and I told him I had been working upon it from the time I had first heard of it, and that if it contained any *organic* substance that could produce the strange malady with which horses that ate of it became affected, it had eluded my search. I suggested that Professor Sayre search the contents of the bowels of the afflicted horses for bacteria, as I believed there might prove to be some kind of ferment that would account for their untoward condition. At last, in 1908, it was shown by Dr. A. C. Crawford, Pharmacologist of the Bureau of Plant Industry, Washington, D. C.,* that the disturbing cause was not an organic substance at all but a *salt of barium.* The supposed organic substance so long sought was an *inorganic material,* present in very minute quantity.

We are beginning to restudy pharmacy, with new lights concerning some things. We are beginning to solve some problems that, being solved, open to sight other avenues of researrh before unknown. The agriculturist has for many years known that plant food depends as much on inorganic substances as it does on the organic, and I believe the time is fast coming when there will be no line drawn between organic and inorganic; all that enters into life's processes is organic, be it what it may.

Concerning the chemistry of plant life, I will say that my experience teaches that no one drug has been as yet fully analyzed, nor even partly analyzed, so that we can say we *understand* it. With not one plant have we reached the place where we can say, "The story is told, the book is closed." The book of knowledge is, however, unfolding before us, and one day we may be able to read its pages more clearly than to-day.

Well do we know that the term "chemistry," as applied to life products, is not limited, as once we arrogantly accepted. No longer can the chemist claim that reactions in life lines can be expressed in symbols, equations and formulas. Comes in also the influence of contact, of capillarity, of

* Reported also in the Journal of the American Chemical Society, June, 1913, by J. S. McHargue, of the State Agricultural College, Lexington, Ky.

endosmosis and exosmosis, of catalysis and colloidal problems, of physical influences in which there seems no atomic interchange. Indeed, it is to me apparent that since at least one "earth" (Hydrates Alumium Silicate), heretofore deemed indifferent, exerts an influence in plant metabolism that overcomes the attraction of energetic chemicals, other substances now deemed inert and passive, may likewise be found to be active agents in the economy of growing vegetation. The man experienced in such problems as this is least likely to arrogate to himself much, other than a student's position, and he, of all others, would be most likely to comprehend the outlying immensity of the text assigned me. I have spent a life in the study of problems embraced in this query. The laboratory has been the home that has taken the greater portion of fifty years' time. For years I have taught that which I have learned. I have written volumes on details in these directions, and I am now but a humble student in it all. To do more to-day than to attempt to inspire my hearers with the recognition of such facts, is impossible. Hour after hour could be devoted to details that arise to mind as I speak, but no time is permitted, even in minutes. Let me, therefore, thank you for so cordially listening to the *beginning* of a subject that has no ending.

In closing, let me also take the opportunity of saying that this is the kind of convention we who are now wending down the hill of life like to attend. We see about us faces of friends we have known in the days gone by. We find ourselves again standing before men to whom, in the prime of life, we lectured on subjects that were then in our province. We see, also, faces before us now, for the first time, friends of the present, who must carry into the future the "cause" for which we of the past have labored. This may be the last time, as it is the first, that some of us have met together. I am glad to be welcomed by you, to meet you, everyone. We from afar have come to the great State of Texas, we are with you, and also of you. We are having a good time here in Dallas, and we are hoping in return to make our visit useful to one and all.

CLINICAL VS. LABORATORY INVESTIGATIONS.

William P. Best, M.D., Indianapolis, Ind.

Having to succeed my old teacher, I am something like the young man who came home from college, and his father sent him out to the farm. Shortly after this, going to the door one night, they found the boy had come back home. "What brings you back so soon," asked his father. "I just thought I would come," said the boy. "You must have some better reason than that. What brought you?" insisted his father. "Well, you see it was like this. The first day Uncle Henry killed a hog, and they put him on ice, and we had plenty of meat as long as he lasted. Then he killed a sheep, and put him on ice, and we had meat for three

days. Last Friday night, the hired man died, and we put him on ice, and I thought it was time I came home."

Dr. Lloyd mentioned loco weed. Echinacea has been condemned as a remedy without value. It is one remedy without effect on animals, as they use it. Yet we know from experience, at the place where we get most of our experincee, the bedsides of our patients, that it is not without action; that it does do something; that it produces certain results. How this is done we do not know, and we care less. The fact remains that it does do things. This is true of many of the drugs that do not affect animals. It will be claimed that a drug is inert because it has no effect on animals, yet we will try it on a patient and find within a few days that the toxic condition has been overcome. Why will some drugs affect animals and not man? The difference has always been that of the pathologist and the physiologist. The man who is well has no use for the doctor, and we have no opportunity to study the effect of these drugs on healthy organizations. We go to a man with fever. We see the flushed face, the rapid pulse, we know he is toxic and we give him echinacea. We do not do this because some animal has been, or has not been affected by this drug. We give it to him because our experience at the bedside of patients similarly affected, has proven to us absolutely the effect of echinacea on his symptoms. We are not denying the fact that in the study of drugs we can learn much by their application to animals, but we can not afford to go into the practice of medicine with that kind of knowledge of drugs. The reason Eclectics are so successful is because we know medicines, not because someone has said so-and-so about them, but because we have proven at first hand just what the therapeutical effects of each are, by a close study of actual conditions. What are the symptoms we read in the sick man but the sign manual of disease under which the symptoms show themselves? As we study the different phases of the trouble, the suggestion comes to us to use this or that remedy. As we study the disease, the remedy comes naturally into our minds. I had a talk recently with a young physician in Atlanta, Georgia, a rather broad-minded exponent of the old school. I gave him my definition of an Eclectic physician, and he said: "That is what I would consider an allopath to be." "Perhaps so," I said, "but what about the drugs we use? What about gelsemium, aconite and echinacea? Could you describe to me the conditions under which you would prescribe these alone?" He had to admit that he could not. He knows drugs and the action of drugs, but he does not know where to apply them. These are questions continually arising and to be considered.

Small epigastric herniæ, easily overlooked, are often the cause of pains in this region simulating those of stomach ulcer, gall-stones, etc. Some of these, however, consist only of properitoneal fat without any sac. The treatment of these latter by operation will not always relieve the pains for which a deeper source must, indeed, be sought.—*American Journal of Surgery.*

BEDSIDE VS. LABORATORY STUDY.

E. R. Waterhouse, M.D., St. Louis, Mo.

In the experimental laboratories of our old school friends, where the study of drugs are made, if made at all, are to be found nearly all sorts of the lower animals, as well as birds and fishes, or species of the fish family. Here they are supposed to teach the action of drugs to antagonize disease phenomena. Dogs and pigs, as well as other animated subjects, undergo injection, which are pushed to produce all kinds of effects, even unto the death of the victim. The result of such teachings as are shown in our associations with this class of physicians, proves that not 5 per cent. of them are reasonably good therapeutists. It is the conclusions of almost any well-balanced mind that drugs do not produce the same action upon physiological tissues as upon subjects laboring under disease action.

What can be learned from the administration of aconite to a patient that is in a perfectly normal condition, that will assist us in relieving a disease condition? The conditions calling for the administration of this drug is the small, frequent pulse, evidencing a want of tone in the heart, as well as obstruction to the free flow of the blood through the capillaries. In a normal subject we find no such conditions, and consequently the administration of the remedy tells us nothing, because there are no conditions that we wish to study. At the bedside we meet these exact conditions, and, therefore, our observations show us the results that direct antagonism of disease phenomena has brought about. Here the aconite lowers the rapid action of the heart by a gentle stimulating action upon the organ and by removing the obstruction in the capillaries. We have taken a good part of this labor off this tired heart. No such results could have been predicated by dosing a healthy heart with aconite.

Try belladonna. What information could we obtain from the laboratory experiments with this drug that would have directed us to use it to stimulate the vaso-motors and cause a contraction of the capillaries that are dilated from vaso-motor paralysis, due to a disease condition? Yet we know this action to be most positive and one of the most certain known to the modern therapeutist.

Laboratory investigations conceived, mothered and nursed antitetanic serum, which is now extensively used as a remedy against lockjaw, and, according to the statements made by the management of our St. Louis City Hospital, saves but 2 per cent. of their tetanic cases from death. Think of it! Ninety-eight out of every hundred tetanic patients die from this disease under this modern treatment born of laboratory study. Is there a reader of this article who would save but two patients out of a hundred cases of tetanus under Eclectic treatment? Is it not a fact that a greater number would recover from this disease did they not have any medical treatment whatever?

In nearly thirty years of active practice I have had but three cases of this disease fall into my hands, and these three subjects are well and strong to-day. How did I do it? With heroic doses of gelsemium, pushed until the physiological action of the drug began to manifest itself, when the tetanic convulsions surrendered to the heavier pull of the drug in its effort to produce relaxation. This I learned at the bedside, rather than in the laboratory with monkeys and dogs.

Medicine is not yet a science. All knowledge of remedial action is based upon facts as brought out by experimentation and close observation, not upon the healthy tissue, but upon tissues that are changed by disease action. There is no rule that pointed us to the fact that digitalis acts upon the heart, and juniper upon the urinary tract, and gelsemium upon the nervous system; still we all know these facts, because observation has shown that such actions are manifest after the administration of these drugs; but the reason for such action is buried in the mist of obscurity.

There is but one so-called system of medicine that is founded upon scientific analysis, and that is the system founded by Dr. Schuessler, a graduate of a regular school of medicine. This he terms as the Bio-chemic or System of Tissue remedies. By a chemical analysis of the various tissues of the body, he finds the basic mineral salts of the body are twelve in number, and he further asserts that when there is any disturbance in the molecules of this basic mineral salt contained in any certain tissue, there results a disturbance that we term disease, and when the proper one of these salts are administered, that have been suitably triturated, so absorption can take place, that the molecules travel with great rapidity until they find their place and complete the chain, when the health of the patient is again restored. At this day there are thousands of physicians who believe as the truth, Dr. Schuessler's assertions, and make use of the tissue remedies in their every-day practice, and in many instances with the most brilliant success.

At the bedside we note the various conditions as manifested under disease action, and at the same time we study the relationship that these disease phenomena have to the action of a certain drug, which has given rise to the term "belladonna headache," "rhus headache," "gelsemium headache," "aconite pulse," "veratrum pulse," etc. We train ourselves to associate the remedy with certain pathological conditions rather than to give some arbitrary name to such conditions, as is the case with the old form of diagnosis. All this has come from close bedside study, with the dog asleep behind the stove. It must be a conclusive fact that such information could not have had its origin in the laboratory experiments upon healthy tissue, but we have had to go much deeper into the intricacies of disease conditions to have formulated the deductions that now stand isolated scientific facts, belonging exclusively to the Eclectic school of medicine.

In the laboratories of the self-styled "scientific healers," scenes take place that would shame the Western Indian of half a century ago. The defenseless animal is tied to a table, and, while alive, literally cut to pieces and tortured with all the cruel cunning of a Bulgarian soldier. Ribs are cut away, and the palpitating heart of the unlucky victim is shown. The lungs are next shown in their lesson on pneumonia, and after they graduate in the infallibility of their education, they lose some 40 per cent. of the cases of pneumonia that chance to fall into their hands. The Eclectic who has never been a party to this unholy torture of defenseless animals, but has made a study of pneumonia at the bedside, goes on record as losing less than 3 per cent. of their cases of pneumonia.

The above are but a few of the argumental points in this great question. But these must be convincing enough to show the most skeptical that the place to study a disease condition is in the presence of such a condition and not within the laboratory upon the healthy bodies of dogs, pigs, frogs, and other inferior creatures.

BEDSIDE STUDY MORE VALUABLE THAN LABORATORY.

E. H. Stevens, M.D., Ft. Smith, Ark.

The Association is evidently to have a series of surprises, and it is my turn to contribute. It seems to me there is considerable analogy between this subject and the last presented, and very many of the same things apply. The man who studies drugs in a laboratory will experiment on animals that are well, and it may be of value to the homeopathist to prove the effect of a drug by trying its effect on a well patient, and arguing from the results of its effects on a sick one. We certainly can not dispense with laboratory investigation. Dr. Lloyd and every man here knows how valuable that is. But to compare the value between laboratory investigation and the truths you learn at the bedside of your patient, where you are working to combat disease, is an absurdity. In the one case you are working with guinea pigs and mice; in the other you are struggling with a diseased condition in your patient, watching with keenest interest, as his family watch, the effect of the remedy with which you expect to bring a change. Of course, this is more valuable. Nothing could be of greater value than success at the bedside, and your reputation and the life of your patient depends on this study. You get facts that the laboratory can not controvert, and facts that do controvert laboratory propositions. This is emphatically for the Eclectic physician an invaluable study of drug action. You will make discoveries for yourself that the laboratories do not tell you. You will find drugs that have two distinct actions—one when given through the mouth, and one when subcutaneously injected. You could not nauseate a man with any quantity of lobelia injected, but

you will get all the stomach content for the last generation if you give it by mouth. You will find, also, perhaps for yourself, that you get more stimulus for lobelia subcutaneously administered. These are valuable facts that are brought out, in some cases, only in your bedside work. I think there is no doubt that bedside experience will give more valuable data.

REPORT ON THE PROGRESS IN DRUG STUDY.

FINLEY ELLINGWOOD, M.D., CHICAGO, ILL.

I am asked to make a "Report on the Progress in Drug Study." This was assigned to me by Dr. Lambert, President of the Materia Medica Section. With his characteristic and orderly method, he has divided this subject into the following heads:

(A) Present Status in Progress and Study.
(B) New Drugs.
(C) New Ideas in Regard to Old Drugs.
(D) New Action of Old Drugs.
(E) Need of Greater Study and Greater Observation as to the Action of Drugs.

I have combined the (C) and (D) sections in one, and have considered the (E) section in remarks made throughout the other three; consequently, I have, to a certain extent, covered the entire ground.

(A) PRESENT STATUS.—Exhaustivly considered, the present status of drug study and the progress of this important branch would fill volumes. For our own school, while the inclination has been strong to adhere strictly to those remedies that have been acknowledged as the standard remedies, from the past experiences and approval of the best authorities in the school, every individual observer seems to be reaching out with the hope that some one of the many hundreds of advertised new remedies will be better than those he has previously used. If this outreaching is carefully and thoughtfully done, good, indeed, will be accomplished. But if in doing this the investigator forgets the good things of the past and takes everything that is suggested, he will soon find himself befogged. He will find that he has lost his bearings and he is having less success even than previously.

The entire trend of the old school is to introduce serums, antitoxins and specifics for total condition. The common results of these (evidenced by the total failure of the advertised tuberculosis cures, which are, indeed, a disgrace and a dishonor to the profession and of the commercial success made by the proprietors of "606" out of the American profession, which it was not commonly known, was planned several years ago, and because of the credulity of the profession and its inclination to take hold of everything that comes from Germany) has far exceeded their most sanguine expectations and their financial anticipations to the detriment and disgrace of the profession in America. They study otherwise only in-

organic or chemical remedies and compounds, still persisting in using proprietary compounds of unknown composition.

(B) New Remedies.—Concerning new remedies we have but few to present. Dr. Holmes of Florida last year presented a paper on the action of fever grass (sisyrinchium bermudiana) in the treatment of malarial fever, especially those of a chronic character and asthma where there are malarial complications. This remedy is one of the grasses that grows abundantly in Florida, and has a handsome star-shaped flower. No particular literature of any extent is found on the action of this remedy, but Dr. Holmes has used it successfully in many cases, and it will be well to investigate it. He prepares a tincture of the roots of which he gives fifteen-drop doses. In severe cases he gives this in conjunction with infusions of the grass itself.

Alfalfa could be called a new remedy. It is used as a diuretic and also as an alterative on the gastro and intestinal mucous membranes. The reports that come from it do not encourage us to believe that it will be a very important remedy, and yet we must not discard it so soon.

There has been some excellent authority for the use of water obtained at a great depth far out at sea, as an injection in the treatment of neurasthenia. There is no doubt but this water contains alterative properties, and radio-active elements that investigation will bring out. It is especially recommended in the treatment of extreme exhaustion following protracted disease.

New Drugs.—The consideration of the extracts of the ductless glands are being brought out as new remedies, and they certainly appeal to us as important in rational lines. With the above named extracts (the so-called hormones), the character of *some of which I shall dwell upon in an* article before the department of practice, we have the larger number of new remedies that should be considered in our own school, but few new vegetable remedies have been presented. We have had recently articles written concerning the following remedies. These are not altogether new to our entire list, but these have not been considered by the school at large, and their place has not yet been fully established. Those who have considered them singly, have reasons for enthusiasm concerning single lines of their activities, otherwise the remedies are comparatively unknown, and it remains for us to take them up and consider them to determine their exact field whether that field be a broad one or important within narrow limits only. Some of our most important remedies have very narrow fields, but when we need them we need them badly.

(C) New Ideas and New Action of Old Drugs.—In regard to the development of new ideas concerning the old drugs the most important advancement has been made in lobelia. I am contemplating collecting all the facts that have been so far known concerning this important remedy, and putting it into pamphlet form during this coming year, because I am inclined to think this is the most important remedy in the materia

medica. It is incomprehensible that we have allowed the valuable properties of this remedy to be undeveloped—we might say undiscovered for so many years, and this fact convinces me of the necessity of careful and unprejudiced consideration of *other drugs* that we laying to one side, for fear we may be doing the same thing to them, that we have done with lobelia.

Important among the last influences of lobelia is its influence in overcoming obstruction of the bowels and extreme obstipation. From one dram to a dram and a half, hypodermically administered in bad cases every four hours, followed after the third dose with a high injection of warm olive oil and water for overcoming cases which previously would necessarily have been operated upon, and this has now been done so frequently as to establish the remedy in this field, and to add it to our important auxiliaries.

Carelessness in the consideration of individual drugs is to blame for the narrowness of the field of many of these drugs. Our Allopathic friends class turpentine as a horse remedy, and yet used as in Professor Whitford's lifetime of investigation, we have one of our most useful and indispensable remedies. Epsom salts has had a single narrow field until recently, and through the lifetime observation of old Dr. Burgess of Chattanooga and others, its field is being broadened and it is coming into comprehensive and sufficient use for hitherto unknown purposes—specific, definite and rational in every case.

Concerning other of our well-known remedies, gelsemium is being used much more than formerly in the treatment of cerebro-spinal meningitis, used hypodermically, and used with lobelia hypodermically. In this disease, surprising results are being accomplished, and with the use of echinacea with other internal antiseptics, we have a line of treatment suggested that is certainly superior to the older methods. Gelsemium is being used in acute poliomyelitis with other remedies in a way that shows that this remedy is a valuable one in this important disease.

The use of gelsemium hypodermically in large doses, in the treatment of tetanus, is growing also in favor. If from ten to twenty drops of carbolic acid with as much glycerine be injected with twenty drops of gelsemium, the phenol to destroy the germ, very satisfactory results have accrued. With this same treatment others are giving lobelia hypodermically to antagonize the spasm and report good results. Each case of tetanus should be treated with reference to the two conspicuous conditions—the necessity for an agent to destroy the germ—a powerful internal antiseptic and a powerful antispasmodic, both given together.

Dr. Huston has suggested to me that he has used from ten to fifteen-drop doses of yellow dock in the treatment of bleeding piles to the exclusion of any other remedy with remarkable results. He believes the agent is directly specific to this condition and thinks that it should super-

sede many in common use in order to establish a confidence in our ability to cure this condition.

Other action of old remedies which should be studied is the use of macrotys as a nerve sedative in conjunction with its influence in antagonizing the elements which cause rheumatism. For this purpose it should be our first remedy in the treatment of endocarditis. Macrotys, gelsemium and cactus have completely cured for me severe cases of rheumatic endocarditis so satisfactorily that I am anxious to have our physicians aware of this successful treatment.

In 1904, before this body at the St. Louis meeting, I called attention to the action of santonin in its sedative influence on the sympathetic nervous system to be used whenever there was sympathetic nervousness of any kind. I hoped then to arouse interest in it for this purpose, and I again call attention to this influence, trusting that it may draw out some valuable discussions.

The old school authorities have been advocating the use of morphine and scopolamine as a local analgesic to be given either alone or in conjunction with ether and chloroform in general anesthesia. I have recently read comments from the highest authorities on this treatment, suggesting that in many cases this combination increases the danger, and asserting that when the truth is known, the danger will be found to be greater than the benefits.

I have heard many of our own physicians complain against the action of apocynum. It is very common for physicians to say that they are aware apocynum is reputably an excellent remedy for dropsy, but they were never able to get any results themselves. I will say for myself that I have failed oftener than I have succeeded, and I am constantly asserting to myself that I probably do not understand the use of the remedy. This remedy needs, I think, a restudy to put it into a more exact field even than that which is ascribed to it, because many cases of general dropsy will not be influenced with it in any way.

We are neglecting to develop by study such remedies as polymnia, polygonum punctatum, mitchella, helonias, chimaphilla, avena, saw palmetto, and even macrotys narrow our studies to the field in which these have been suggested, and in broadening the field as we could, and will do by closer observation.

These few thoughts will impress upon our minds the necessity of determining the good of our own field definitely and carefully in a systematic and classic consideration of all the indications that these remedies present, and upon which we can rely, and taking these indications, we should, in these lines, make a careful—a most persistent study of every influence; we should make comparisons of the action of remedies in different cases—we should keep written records of these influences and by comparing these records, we should make deductions and form conclusions that would be reliable and definite in the lines in which they are pre-

sented, that by so doing we may acquire exactness; a preciseness in drug adaptation or advancement that will conduce to the future perfectness of our system of drug application.

Before closing I would like to say that in our gleaning in outside fields, we must not forget that the synthetic remedies are unreliable remedies and but few of them will ever work in a rational manner, and it is a waste of time and energy to endeavor to place these remedies where their proprietors, for financial reasons only, are endeavoring to have us place them.

(D) In this connection I would like to mention the use of salicylic acid and guiaicol for tuberculosis used intravenously. These remedies have been suggested for this disease for several years, but the results of their use have not been highly satisfactory, and it now becomes plainly evident why this is. First, it has not been possible to give enough of the remedies to antagonize the natural progress of the germs; as when taken into the stomach they so disordered the digestive process as to materially interfere with nutrition and thus retard their own benefits. Secondly, these have not been sufficiently concentrated even when used hypodermically, although with this use very superior results have been secured, but in the high concentration of these remedies in a slightly acid media, and with the severest discipline for from four to six weeks during the use of the remedy intravenously, such superior results have been secured as to show us we are in the right field of treatment, and if this field be continued and if we persist in confidence in this line of observation, I have been convinced that we have in this the most superior measure known up to the present time in the treatment of tuberculosis, and I am confident that we have a measure that will increase in value as we appreciate the importance of the extreme care of the patient during the period of convalescence, as the bacilli are completely destroyed by the repeated introduction of this concentrated solution into a vein.

We must bear in mind that the serums are highly perniciously toxic. I listened to an address a few weeks ago by the highest authority on serums in the Central States, and he spent a large part of his time in impressing upon his hearers the fact that they are taking chances with human life that are unjustifiable in the careless administration of serums; that these remedies were dangerously toxic, and should be so considered with every administration, and provisions made with every administration to meet an active intoxication even when carefully used. He went farther than I have seen shown before of the dangerous character of antitoxin in diphtheria and showed plainly how so many lives were lost.

It is indeed difficult to understand how the profession at large have so thoroughly boycotted the vegetable remedies and so completely exclude them from their consideration. To us these are Nature's own remedies for the cure of disease, and man's manufactured products cannot take their place, but if we will consider we will be forced to this conclusion that this senti-

ment that was common to the minds of the people is now by no means as common, and the so-called scientific suggestions of the profession are being accepted by the people until they are working for a similar growth of knowledge in the cure of disease.

Professor Lloyd's investigations concerning the action of vegetable remedies of which we have all heard, in which he submitted to 30,000 physicians a list of these remedies to decide which were most commonly used, proves that many of the real useful remedies are hardly considered as worth a thought by the larger proportion of the profession and that many of these are discarded from prejudice alone. This is a big field, and one that would bring us no particular benefit from discussion, but with a knowledge that we have of the truth that is contained in our own observations and of the superiority of the methods that we advocate, it is our duty to persist as never before in the study of the same remedies to know their known fields better, to broaden their fields by new observations, to understand better by the combining of these remedies in order to prove results, and especially to study the action of these remedies when used hypodermically or even intravenously. All this is our duty, and if we remain within our own lines and persist in this study, we will accomplish very much more than we will by undertaking to greatly broaden our field with experiments of unknown and untried irrational remedies. Too many of our ranks have taken up with salvarsan and the serums and the antitoxins, and are trying to satisfy themselves with these, because, in some cases, a quicker first result appears. It will be found in the long run that the permanent results will demand more time, and when secured it will be in every way most satisfactory.

Two years ago in order to avoid the appointment of any other but Allopathic physicians on health or examining boards, to give strength to their argument that there was no need of examining physicians in materia medica and therapeutics, a committee was appointed who submitted to the National Session of Examining and Licensing Boards of the United States, a list of 150 remedies which it was thought would be sufficient for the basic requirements of any medical college, suggesting that these remedies only should be taught in the colleges. They failed to see that by so doing, even if they were advanced remedies, the field of inquiry would be so greatly narrowed that advancement would be impossible, but when the remedies were considered and it was determined that there were less than a dozen new remedies, and all of the remainder were better know thirty-five years ago than they were to-day, the word "progress" seemed to be a farce, and the profession could be accused of going rapidly backward instead of forward.

I do not like to take the position of a critic nor appear to be pessimistic, but on the whole I think that many of our own members are getting to be too much like the old school members—too careless in observing precise conditions—too willing to put up with prepared remedies, and

too anxious to investigate into the action of serums, chemical remedies, antitoxins and other irrational measures—too anxious to obtain cures for the whole condition rather than to be content to antagonize the precise symptoms of each individual case. We must certainly increase our intentness—our care—our enthusiasm in these lines. We must not only do the individual, but we must resolve to encourage everybody who does do it.

I hope that I may be excused if I refer to my own work in this connection, but I have no other desire or purpose than this in the work of my medical journal, and while the journal is growing beautifully and is increasing in popularity, it is being done by those who are now learning to use our remedies more than those of our ranks, who are anxious to help me in this important work. I wish it were possible to enlist the unprejudiced, willing co-operation of every member of this association in this work, so that I could keep something new before my readers. This would certainly advance the school more than anything else we could do.

DISCUSSION.

DR. FREEDMAN: I have had excellent success with yellow dock for bleeding piles, and can heartily recommend it.

DR. STEVENSON: I want to warmly recommend lobelia in intestinal obstruction. I use it undiluted as an injection, about 1-2 dr. Dr. Lewis, of Missouri, told me of a child in terrible condition with bowel obstruction, and an operation seemed inevitable. He gave a teaspoon of lobelia through the mouth, and within little over an hour the obstruction gave way.

DR. ADLERMAN: I can strongly recommend apocynum administered hypodermically for sciatica. I was afraid of it at first, and used to give ten or fifteen drops. Now I inject 60 min. with good results. Dr. Mundy will remember writing me of a patient. A Brooklyn physician was being treated for sciatica and facial neuralgia. I administered apocynum, the specific tincture, which I use whenever I can get it, twice daily, and the first night the patient got a good night's rest. However, I did not get the credit for it, for she had been given so much medicine that it was like the man who struck town hungry. He went to restaurant after restaurant, getting a meal at each, but still was hungry. Finally he bought a two-cent cake, which exactly satisfied him, and he said if he had only known that at first, he would have bought the cake in the beginning. Here I had cured the case, but the physician said she would have been cured anyway. I can not say much about the use of pocynum in dropsy, as I have not tried it.

DR. G. H. MITCHELL: How about nausea with such amounts? I have seen nausea with 15 min.

DR. STEVENSON: Have you used the non-alcoholic form? In facial neuralgia I give it internally, and in sciatica I give it hypodermically, and have never had any nausea.

DR. MUNDY: I remember writing Dr. Adlerman about the case of sciatica, and he wrote me promptly and fully about it. I have had three such cases. In one case I used sp. apocynum 30 min. and injected deep in the muscle. The patient slept all night, for the first time since the attack. I repeated the dose every twenty-hour hours for three days, and the patient improved steadily and the pain ceased. He complained of a burning

at the seat of injection, but there was no nausea. It is the most effective remedy I have ever used.

Dr. Thomas: I am glad you are talking about this, as it is my pet remedy. Whether subculoyd or specific is immaterial. You get the same effect in either facial neuralgia or sciatica. It will bear trying, and you will be delighted with its quieting effect. I have used it hypodermically and in capsules, and I find it never fails. I have had children take it through the mouth, and have never had it produce nausea. I had one patient, an old lady, who was unable to sleep or to lie down. You have all seen these heart complications, in which the patient is unable to lie down. I gave her the specific tincture, not having the subculoyd, and she slept that night like a child. I repeated the dose daily for ten days or two weeks, giving her comfortable days and nights during the rest of her life. Her trouble was incurable, and she finally died of it, but she slept each night the remedy was used. In dropsy cases, I have used apocynum with great success. I make a strong decoction, five drops in one of those big capsules that will hold a half-teaspoon. Beginning with five drops, I gradually increase the dose till the water starts to flow. In bad cases I have given five ounces in thirty-six hours, and the patient will pass a gallon of water. In apocynum we have also the best remedy for rheumatism there is. I give other remedies for rheumatism, but I find that if I use this in good doses, I get the best results.

Dr. Hamlin, St. Louis: We have also in apocynum the best heart tonic I know about. It is superior to digitalis, and when you find your heart complications, showing yellow skin and coated tongue, do not fail to use it with chionanthus. In regard to lobelia, I have found it more effective than any of the serums we read about. As a heart tonic and reviver it is wonderful. Where we give a drachm at a time, we have never had nausea nor abscess. I had a case of a boy whom I found in a comatose condition with meningitis. I gave him a hypodermic of lobelia. They took him to the hospital and thoroughly Flexnerized him. There were four others taken at the same time, and he was the only one who survived the Flexner treatment. He got well, and I give the credit to that hypodermic of lobelia.

THERAPEUTIC NIHILISM.

Richard Jay Lambert, Ph.D., M.D., Chicago.

It is my firm belief that the cause of therapeutic nihilism is chiefly ignorance, yet laziness may have a good deal to do with it, as well as dishonesty. When I speak of therapeutics I am referring to medical therapeutics. When I say ignorance is the cause I do not mean ignorance on the part of the physician entirely, for all who have any part in the preparation and dispensing of our drugs have not the proper knowledge to do their part as correctly as they should.

Therapeutic nihilism begins in our colleges where the subjects of therapeutics and materia medica are neglected because there are so many other things considered more essential to the student. He must have a thorough

knowledge of chemistry, histology, pathology, anatomy, etc.; special laboratories must be maintained for these departments and paid instructors employed. The department of therapeutics and materia medica is not considered of enough importance to be given much time and clinical or bedside instruction usually is neglected. The subject usually is assigned to a man who prides himself upon laboratory work, or to an experimental pharmacologist and not, as it should be, to clinicians who have had an extensive bedside experience. Only recently there occurred in one of our large colleges an instance illustrating this point. The students had been receiving lectures on the subject of materia medica and pharmacology during their second and third years from physicains who had had years of experience in practical work, but in their senior year they were assigned to classes under the direction of men who had spent the greater part of their lives securing degrees and who absolutely were incapable of earning a living in active practice. In these classes they were taught that the instruction given the former two years was practically worthless, because these high-brow professors had no practical knowledge of the drugs mentioned, and relied entirely on the reports of the laboratory pharmacologist, who had given an unfavorable report on these drugs, having gathered his information from the effect of certain preparations on mice and guinea pigs.

Sir Clifford Allbutt, of the University of Cambridge, hit the nail on the head when he said, "It is true that laboratories are necessary and science is essential, but therapeutics is not a science, or not a science only but an applied art, and it will be a long time before science will catch up with clinical experience."

The A. M. A. has outlined a course of instruction in this important study that is a farce. They have recommended the thorough study of 127 subjects in materia medica and therapeutics. Of this 127 subjects two vegetable plants and preparations are recommended to be studied, the tinctures of three plants and fluid extracts of two plants with combinations of nine others, cover all the vegetable drugs mentioned. This makes a total of sixteen vegetable drugs mentioned to be studied at all, while the rest of the 118 subjects cover chemical combinations, oils, metal salts and serums or animal extracts. It would be impossible for any physician to practice medicine intelligently with this list. Consequently there is nothing left for the student to do after leaving college but to wait for a representative of a drug manufacturer to come along and teach him the therapeutics that he should have learned in college. He notices in the formulæs presented that drugs he never heard of in college are recommended by different manufacturers for the various diseased conditions that are constantly met with in his practice. He wonders why these drugs are recommended and that they have a ready sale if they have no virtue. If he is a bright, intelligent young man who has a real desire to heal the sick, he begins to investigate these drugs, with the result that after he has

been from four to five years in general practice he has a partial working knowledge of some drugs.

Just as he has begun to rely on certain drugs in specific conditions he meets with a backset, as he finds the drugs do not act as he had been led to expect. He begins to wonder if the old professor from the laboratory was right after all and if these drugs really are inert. If he continues his investigations he finally is able to see that the reason for this apparent lack of action on the part of the drugs is that the preparation he had purchased was not as it should be. Perhaps it was too old, perhaps there was a fault in the preparation of the drug for use, this fault being due to ignorance on the part of those employed in preparation of the drug. In other cases his investigations may reveal the fact of substitution on the part of a dishonest manufacturer or drug gatherer.

In citing a case of this sort I am not referring to a student in any Eclectic college, for Eclectic colleges do make a point of teaching practical drug therapy I am referring to a typical graduate of a grade A regular college. The only graduates of Eclectic colleges who are therapeutic nihilists are the lazy students who are too indolent to learn the lessons given to them. But we must remember that every year the number of graduates from Eclectic colleges in comparison to those from so-called regular colleges is growing less and the percentage at the present time is so small as to be hardly a drop in the bucket.

Unless we who have had a thorough training in drug therapy and understand its usefulness, join together upon some plan for teaching therapeutics to the masses it will soon be a lost art. A few determined men banded together and working with a will could so educate and stir up the masses that they would demand a more thorough knowledge of practical therapeutics on the part of those to whom they trust their lives.

The people are the rulers in America, and whenever they demand any change it has to come. If the people could be educated to understand the necessity of a thorough study of drugs they would demand that this subject should be returned to its rightful place on the curriculum of the medical college.

A great number of colleges to-day realize their deficiency in this line and admit their willingness for a change, but "they must conform to the outlines of the A. M. A. if they wish to be given a Class A rating by the self-appointed censors of medical colleges. This board of censors has educated the public to their way of thinking by newspaper notoriety and otherwise. The other side of the question never has been presented in its proper light. We have been too indolent and self-satisfied. We have had a valuable knowledge and always have been willing to teach it to those who applied but we never have felt it our duty to come out of our shells and teach the public the value of our knowledge. We have now reached a stage when we either must make a concerted effort at publicity or else dig a grave and bury the art of drug therapy.

DISCUSSION.

DR. SHARP: Therapeutic nihilism is a term very familiar to physicians in the last few years. It is a term born in the ranks of the regular school of medicine. I do not think that Homeopaths and Eclectics are ever therapeutic nihilists. They are the therapeutic optimists of to-day. Nihilism was a child of feeble growth for years. The old school believed in medicine and lots of it. They believed in calomel, salts and bleeding. They were the one extreme, but the nihilists of to-day are the other extreme. When Osler wrote his "Practice of Medicine" the child began to develop, and from then I believe it has taken on the growth of to-day. When Osler wrote that no medicine was of value except calomel, salts and quinine, he put the stamp of official approval on this class of physicians. Therapeutic nihilism is the swing of the pendulum against the regulars. It is having its day, and the regular brethren are beginning to have a little more liberal views; but the leaven of the whole lump is due to the Eclectics in showing the value of sane methods and gentle treatment.

DR. BENTLEY, Commerce, Tex.: One reason for therapeutic nihilism is that the schools turn out students who know nothing about drugs. They wait for the medicine vendors to tell them what to buy, and then kick about the drugs, when it is really their own ignorance that is the trouble.

DR. SEVERS, Iowa: The students do not wait for the medicine vendors in my town. They come and borrow medicines of me, and get me to tell them how to use them.

DR. DANIELS, So. Dakota: I know that there is one trouble; that students are lazy, but if we physicians would admit that *we* are lazy, we would be getting near the truth. We are too lazy to take young fellows into our offices, and if they show promise, send them away to college. As a consequence these young fellows go to the regular schools, come back regular physicians, and we have to teach them therapeutics and medical knowledge. If each one of us would select this year the brightest boy graduating from high school in his town, and take him into our office, he would go, a little later, to our colleges, and come back an Eclectic physician. That is the trouble; we are too busy and too lazy.

DR. HAMLIN: One objection to this discussion is to me that we take the liberty of calling Allopaths "regular." I tell you, I am as regular as he is. I hate to hear him called regular. I do not like the idea, as it acquiesces in their proposition that we are sectarian, and they are regular. Call them Allopaths, and let the people know that they are as sectarian as we. A lady came to my office a while ago, wanting a prescription. I started to fix her up some medicine, but No! she wanted a prescription from the drug store. "I practice medicine," I told her. "If you do not want my medicine, go to the druggist, and let him prescribe for you." The idea is too prevalent that we are not regular. Let us take our own stand, and let folks know it, and they will soon learn the difference between us and the therapeutic nihilists.

DR. DUREN, Hot Springs: I have been examiner for a number of life insurance companies, and they always write to ask if I am "regular." I always answer that I am a regular Eclectic physician. The Praetorians at Dallas turned me down on that, but all the others have accepted me. I feel, like Dr. Hamlin, that I am a regular physician of the Eclectic school.

DR. ELLINGWOOD, Chicago: Therapeutic nihilism grows out of ignorance. When people do not really study medicines, and are not acquainted

with the action of remedies, they say there is nothing in them. When we really study drugs, and apply remedies in line with their proved action, we know what we are doing, and we cannot help having faith because of what we see and know. Then we are no longer nihilists. When a man says he is a nihilist, he says he is ignorant.

Dr. Lambert (closing the discussion): One way to overcome therapeutic nihilism and to teach Eclecticism is to spread our knowledge further abroad. We should advertise as do Mayo Bros., etc. The pendulum is swinging away from so much surgery, and there is where the Eclectic has his chance.

EUPATORIUM.

Wm. L. Heeve, M.D., Brooklyn, N. Y.

Again we have the pleasure to know that even the old and trusty eupatorium is heralded as possessing "enormous cell proliferative power." It will be a pleasure for Eclectics and Homeopaths to read that no less an authority than an ex-president of the A. M. A. advocates eupatorium as possessing such properties as found in the following excerpt from the introduction of "General Surgery by John B. Murphy, Volume 2, of the Practical Medicine Series, 1913:"

"We have recently learned much of the stimulants of cell proliferation from research work and from clinical observations; of a class of medicaments called 'cell proliferants,' as acetamidin, methylamin, neurin, etc., belonging to the class of auxetics. Indeed, some of our ultra-scientific ideas have received rather a severe shock in learning through the experiments of H. C. Ross, Bernard Fisher and C. J. Macalister that a number of the older remedies, which for three decades have been called obsolete, as 'woundwort,' 'boneset,' etc., possess enormous cell proliferative power. Boneset is shown to have in it an alkaloid—allantoin—which has the power of greatly stimulating epithelial proliferation and hastening wound repair. It is found in many vegetable and animal tissues and secretions, and is easily produced by the alkaline oxidation of uric acid; it belongs to that group of protein or nucleoprotein bodies which stimulate the reparative process."

Perhaps this will give little encouragement to our allopathic critics who have been condemning the old remedies of our school, claiming that they should be considered as obsolete and untrustworthy.

Did the farmer's wife err in giving her children boneset tea as a tonic to "heal the wounds and heal the sore chest which accompanied the winter colds," or did she know this from true practical experience? Dr. Murphy answers this question very well, and, with the weight of his authority, will it still be doubted?

GELSEMIUM IN THE LARGE DOSE.

M. F. Bettencourt, M.D., Mart, Tex.

This paper was to have been written upon the use of "Gelsemium in Winter Maladies:" however, I have taken the liberty to be limited by no such bounds. While in the treatment of winter ills no drug has a wider range of usefulness, yet were we to limit it to winter ills it would become necessary to add "the half has never yet been told." This article will deal with some of the possibilities of the large dose of gelsemium in maladies irrespective of season.

Dose in medicine is a subject of great magnitude. It should not be accepted as meaning a fixed point whose bounds one must not pass, but, rather, it should be viewed as a centerpoint from which one should observingly radiate in his search for therapeutic knowledge. The remedial possibilities of any one drug can be fairly judged only after continued observation of the corrective powers of its various-sized doses upon definite pathological states. The uniformity of its drug strength, its peculiar selective affinity, the size of the dose administered, the symptoms present, the susceptibility of the patient, will all play an important part in the results obtained.

A good preparation of gelsemium, for instance, has a peculiar affinity for nervous tissue. It seems to impress, primarily, the sympathetic and, secondarily, the central nervous system. Indirectly, through this peculiar selective affinity, it impresses powerfully the muscular system. This results, apparently, through a paralyzing effect upon the motor nerve endings thereby inducing muscular relaxation. Because of this effect it impresses powerfully the tunica media of the vascular system and because of this fact it has remarkable power in correcting many pathological states that manifest their beginning by acute, localized, circulatory disturbances of a sthenic nature.

The classic indications usually given for gelsemium are always calls for its administration, yet they alone do not always give us a sufficiently broad scope for its use. They draw our attention almost exclusively to those pathological states in which the cerebro-spinal system alone is affected. It will be well to remember that a localized, over-active circulation through the arterioles and capillaries *anywhere,* such as is evidenced in the acute stage of inflammations, is always a call for gelsemium; and that as a rule the more remote it is from the great nerve centers the larger the dose required. Because of the general relaxation upon muscular tissue induced by the large dose, it causes a relaxation of the tunica media, thereby increasing the caliber of the circulatory system as a whole, and thus, by practically a derivative action, it relieves an active local hyperemia anywhere. For this reason we find the large dose of exceptional merit in relieving many conditions, among which might be mentioned the following:

No remedy, to my knowledge, will more quickly overcome a common "cold" than gelsemium. Here we have an acute, active hyperemia of the nasal or naso-pharyngeal tissues. Specific medicine gelsemium, fifteen to twenty-five drops taken in water at one dose on retiring, will break up the cold in twenty-four hourse if it be of short duration. In addition, it will induce a most refreshing sleep the whole night through. In acute otitis media, a large dose of gelsemium will frequently relieve the pain, but it is especially useful to reduce the hyperemia of the middle ear and Eustachian tube, thereby doing much toward preventing suppuration.

There are some ailments of a neuralgic character (especially those about the head and face) which quite often yield readily to gelsemium in good dosage. In that periodic headache commonly known as "sun pain" —that periodicity which quinine fails to control—a dose of gtt.xv to xx of the specific medicine taken at night, the same amount taken in the morning and repeated in five to ten-drop doses every couple of hours during the day will usually accomplish the work readily. Diplopia or ptosis will be an indication to decrease the dose or if necessary to stop it temporarily. It may be necessary to repeat the treatment several nights, though the usual case will obtain lasting relief in twenty-four to forty-eight hours.

If the large dose of gelsemium be given early to an acute case of la grippe and followed by the indicated treatment, the case will not be half as severe nor last half as long as one not thus treated.

Cases of colic—either renal or hepatic—are usually relieved as if by magic by a dose of from fifteen to twenty-five drops. It causes muscular relaxation of the ducts and thereby facilitates the passage of the calculus. Should it not relieve in half an hour the dose should be repeated. Acute hyperemia of the kidneys—a condition common after exposure—will yield readily to the above treatment. The one dose will usually relieve the deep, dull ache in a few hours. A brisk rubbing over the aching part will assist materially. If a case of acute cystitis receive the initial large dose and then be followed by what other treatment may be indicated, it will seldom attain great severity and its duration will be materially reduced. Acute retention of urine after labor or operation in the pelvic region will usually be readily relieved by the large dose, through its relaxing effect upon the sphincter.

In a case of dysmenorrhea now on hand the large dose of gelsemium has given hope of success when acknowledgement of defeat seemed imperative. It has also relieved the intermenstrual ovarian neuralgia with which the case has been annoyed for over twenty years.

Experiment has convinced me beyond a doubt that the large dose of gelsemium in combination with a large dose of asclepias will "break up" many cases of pneumonia if given in the early stage. A number of cases have been thus successfully treated when there could be but little question as to the existing conditions. They had had the severe chill followed by high temperature, sharp, localized pain in inframammary region, dullness

on percussion, hard cough, etc. In three of these cases the typical "rusty sputum" was being expectorated. An initial dose of fifteen to twenty drops of specific gelsemium and a teaspoonful of specific asclepias was given. This was followed by whatever else seemed called for. In twenty-four hours the whole train of symptoms was banished. They all coughed "rusty sputum" for a day or two after the fever had left. The temperature in none of these three cases exceeded 103.5° F. Through repeated experiment, I have come to believe that any *acute,* inflammatory process anywhere, if of a sthenic nature, can be materially benefited and shortened by an initial large dose of gelsemium.

All the possibilities of gelsemium are yet far from known. It is now receiving praise in the treatment of pellagra; it has won laurels in tetanus. As indications for the large dose, I would suggest acute localized hyperemia of a sthenic nature, accompanied by increased motor activity and nervous unrest.

I believe we have had an abnormal fear of the material dose of the drug and have deprived ourselves, as a consequence, of its most beneficial action. I have never seen any evil effects from a dose of fifteen to twenty-five drops of the specific medicine given to adults, and in children with convulsive tendencies it has frequently been continued in quite large dosage until the cause of the trouble could be removed. One of our foremost writers has reported the administration of drachm doses of the specific medicine in treating tetanus, with very encouraging results. Usually when ptosis or strabismus begins to develop there has been sufficient muscular relaxation and sedation in any case to discontinue the drug, and it is seldom that its action needs go even this far. Acute, sthenic conditions are the only ones under which the drug has been administered. We find that dark-skinned folks stand more of the drug without manifesting toxic symptoms than light-complexioned ones.

These statements will illustrate some of the possibilities of gelsemium in the large dose. It unquestionably has many others. Whenever we shall have studied the vegetable kingdom from every point of the compass, we shall, indeed, find much truth in the statement that the herbs were given us for "the healing of the nations." Let us, therefore, not be contented with the knowledge already gained but continue our search for truth in the boundless realms of nature. Only by delving into her hidden mysteries with zeal and precision can we hope to add materially to the common stock of remedial knowledge.

DISCUSSION.

Dr. Cooper, Childress, Texas: I have used gelsemium hypodermically for meningitis, with good results.

Dr. Mitchell, Dallas, Texas: You know we had an epidemic of meningitis in Dallas last year. I had fifty-seven cases under my care, and treated each with gelsemium and bryonia. Every one recovered. However, I believe that many cases treated for meningitis were not meningitis at all.

Dr. Dodge: I have here some interesting specimens if anyone wants to see what gelsemium will do for renal colic. I have had, perhaps, one hundred cases in the last few years, and I get the renal stone in twenty minutes. I use twenty drops of gelsemium through the mouth. I had one case of a man from Cape Girardeau, Ill. He had a bad case of renal colic and was sent to Corpus Christi for his health. I told him that he had renal colic, and that I would relieve him in twenty minutes, or quit practicing medicine. The pain stopped within that time, and I had the stones in two weeks. Another case was of a lady who passed this accumulation of stones that you see here. I relieved her of pain almost at once, and got the stones in about two months. Gelsemium will relieve these cases without fail. Give your patients gelsemium and tell your patients they will surely be relieved, for I have never known it to fail.

SPECIFICS IN OBSTETRICS.

William P. Best, M.D., Sc.D., Indianapolis.

The perfection with which we are endowed, in our wonderful organization, makes for many possibilities wherein errors in life habits and unfavorable environment may require the guidance of those whose life work is devoted to the correction of wrongs and the influences such wrongs may have upon the child yet unborn, or the mother, or both, as well as the effect possible upon both subsequent to birth.

Long ago has passed the time when a family should suffer from the ignorance and complaisance of those who assume that because childbearing is a natural process, nature will take care of the expectant mother and her offspring. That nature should do so, and in most instances will, there can be no doubt, but it is our duty to recognize when the assistance is needed and we are expected to render aid and correct errors that the future child may be born with the least possible handicap and the mother protected from diseases and accidents incident to maternity.

Fortunately, we have at our command remedies with which to meet many of the conditions presenting during this interesting and important period.

Vomiting in pregnancy is mentioned to the accoucheur, in many instances at least, merely as one of the corroborating symptoms of pregnancy, yet there are times when it taxes to the utmost the skill of the physician to relieve it.

Barring mechanical causes, such as malposition of the gravid uterus, pressure and a resisting os uteri, which we specifically meet with replacement, unloading the bowels and gentle dilatation, we must meet types of nausea and vomiting during pregnancy which seem purely reflex and which require specific diagnosis before we may expect to relieve them by our remedies.

If the patient is irritable, cross, despondent or capricious, the vomiting may be only a part of the nervous manifestation and pulsatilla will

promptly relieve. We usually administer it alone as follows: ℞ Specific Pulsatilla gtt. xx, Aqua dest., ℥ iv., M.—Sig., one teaspoonful every one or two hours.

If the tongue is broad, relaxed, and the digestive organs partake of the same general atonic condition, specific nux will afford prompt relief.

Colorless hydrastis, or specific hydrastis, is a specific for the same atonic conditions, which involves the mucous membranes chiefly, and when the vomiting of pregnancy is complicated with such a condition, the hydrastis will act specifically in its relief. This suggests the consideration of the toxemia which may be expressed in vomiting, and from mild cases we may expect the gentle stimulating and corrective action of the hydrastis to relieve and it may be all that is necessary.

If the vomiting be extreme and persistent "hyperemesis gravidarum," we should make a careful urinalysis, and should albumen be present, make use of one of the saline cathartics for immediate relief and protect the patient against possible permanent damage from acute toxic nephritis.

For the latter, we find apocynum in small doses as near a specific as we have ever used. It aids elimination; it is decidedly effective in quieting or preventing chronic nephritis either in pregnancy or when due to other exciting conditions.

Diabetes mellitus is one of the more rare conditions accompanying the gravid uterus. However, it does occur, probably more often than we have been taught to look for it, because it is a condition seldom mentioned and for which we seldom search. During the year my attention was called to several cases, the condition being first suggested by pruritis vulvae. In each of these cases the condition seemed to be based upon a wrong of metabolism, possibly a toxic condition due to overloaded system or organic insufficiency. The idea was further carried out by the fact that the exhibition of specific chionanthus promptly relieved each case. It was given in doses of six to eight drops every three hours.

Of all the accidental ills to which the expectant mother is subjected, hemorrhage and abortion are, probably, most frequent. The "wise ones" will induce or have mechanical or criminal means employed to effect abortion. However, hemorrhage is not infrequently due to an unfortunate location of the placenta, partial or complete placenta praevia. This condition, perhaps more frequently than we credit it, is the cause of repeated hemorrhage and eventual abortion, for which we have no specific remedy. It is better, no doubt, in some of these cases, at least, that the ovum is cast off early rather than submit the mother to greater danger by the continuance of an unfavorable and dangerous condition to or near full term pregnancy. Each case of this nature must be met according to the exigencies. Habitual abortion, due to uterine weakness or to a basic endometritis, suggests treatment to better the health of the mother before undisturbed gestation will be possible. But if simply a pernicious habit

causes the uterus to empty itself at a certain period of gestation, we have in viburnum prunifolium a specific remedy. It should be given in from one to three drop doses, beginning two or three weeks before the time of of expected abortion and continued until the period has been safely passed.

Many women who have suffered from a long period of sterility, apparently due to a copious leucorrhoea, the latter a symptom only of endometritis and subinvolution, will be surprised at becoming pregnant after the use of specific pulsatilla, which has a tendency to allay uterine irritation, encourage involution and restore the normal sexual desire. This remedy had better be used with discretion in those who are inclined to venery. It will stimulate sexual passion or arouse it in those people in whom it is dormant.

Subsequent to abortion, there is a tendency to subinvolution of the uterus if left uncared for. If we make use of specific mangifera, we will lessen the hemorrhage from abortion and stimulate normal involution. In chronic subinvolution this remedy, in uncomplicated cases, faithfully taken, will bring about involution, and is as effective after labor with this condition as after abortion. Do not understand this is a remedy for active hemorrhage, for its use in hemorrhage is in the passive variety, wherein there is no better remedy unless it has a rival in the hypodermic use of specific or subculoyd geranium.

The excessive hemorrhagic flow which frequently occurs during the menopause will be readily controlled by the use of the geranium: ℞ Geranium (Specific), 3 iv, Glycerine et Aqua aa q.s. ℥ iv. Mix. Sig., one teaspoonful every two hours. Or give Geranium Specific or Subcuyloyd gtt. x to gtt. xx every three or four hours.

Varices developing during the progress of pregnancy, uncared for, not only give pain and discomfort from soreness, but may cause phlebitis or thrombosis and rupture of the veins, the danger of all of which is increased with each subsequent pregnancy.

During the continuance of pregnancy, the liberal use of a reliable preparation of distillate of hamamelis will do much to prevent the development of the varices, rest and strengthen the vein walls, and relieve the soreness arising from the distention and subacute inflammation, to say nothing of preventing much of the discomfort arising from the large and torturous veins in later life. When dealing with patients who have had the misfortune to develop varices in former child-bearing, the use of the Bender Ideal Bandage will add much comfort and aid in the protection against further damage to the weakened veins.

The application of the hamamelis is best made after the patient disrobes for the night. The opportunity for medication is not only more favorable, but the patient has the additional advantage of rest in the horizontal position, easier return of blood from the lower extremities, and a more effective benefit from the medicine which will actually and

specifically effect this condition, as many years of trial has determined. Another application should be made before dressing in the morning.

In some cases it is well to enclose the limb with a muslin bandage and saturate it with the remedy, adding more from time to time as it becomes dry. If used early, in the incipiency of the condition, it will prevent further progress of the abnormal distention of the vein walls. When applied at night or in the morning, the stroking of the limbs should always be with the current of the blood. We are indebted to Pitts Edwin Howes, M.D., Boston, Mass., for the first report of the use of mangifera for the cure of this condition, chronic as well as acute. From our knowledge of this remedy we feel quite sure it will prove of specific service for this common complaint.

General toxemia, mentioned above, is one of the most common, and, when marked, one of the most threatening of the maladies peculiar to pregnancy. This alone would be a subject for a lengthy essay. When mild, the functional activity of the excretory glands is not markedly defective, and gentle catharsis and diuresis will relieve all the symptoms. But when the system is loaded with toxic matter, the above is but the initial part of the treatment. Our knowledge of echinacea fully justifies its recommendation for this condition on account of its positive diuretic action, which seems secondary to its ability to meet and correct the toxic matter, either by changing it so it is more easily and readily eliminated, by stimulating the defensive activity of the system, or by antidoting toxic materials in the blood and at the same time encouraging their removal.

I have proven its diuretic action over and over; I have seen local infection fade away by its application; I have witnessed improvement in the toxic condition of typhoid fever, and have seen the toxemia of chronic nephritis give way to the kindly effect of echinacea and a return to a fair degree of comfort and health where death seemed imminent. Many repetitions of the use of echinacea, and, knowing its effect in the toxic condition of eclampsia or threatened eclampsia, it is without hesitation that it is here recommended.

Should oedema characterize the wrongs present in the latter stages of pregnancy, or in any stage of the pregnancy in a patient with chronic nephritis, which disease is, unfortunately, made rapidly worse by pregnancy, there is no remedy which is more kindly in its action, more efficient and curative than apocynum. Specific apocynum, or in cases where it irritates the stomach or causes nausea, use the distillate, "Apocandil," the former in doses of from two to six drops every three hours, of the latter, from one-half to a teaspoonful with like frequency. Under its influence the heart action is stronger, the kidneys more active and albumen will disappear from the urine, and the bowels are made more frequent and sometimes quite loose in their action.

Muscular soreness, backache, uterine tension, or sore tensive uterine contractions, or muscular pains, leg ache, or a rheumatic soreness not

uncommon during pregnancy, are conditions specifically met by macrotys. This remedy has a wide range of usefulness, and it is believed by those having most experience with it to make normal labor more probable by establishing conditions favorable to it.

Nervousness with irritability, apprehensiveness and fear, or a tendency to cry with little or no cause, are symptoms frequently complicating the progress of labor. These symptoms are relieved by the use of pulsatilla. The remedy brings tranquillity and favors better and more effective labor. Pulsatilla is also a dependable remedy in mastitis, if given early.

Eryngium is another positive remedy of use in the relief of irritability of the bladder, with frequent and teasing desire to urinate, with burning or strangury. The pressure of the gravid uterus made more noticeable by the upright position, or a former specific urethritis, or the irritating nature of the urine may provoke this condition, but in either case the remedy acts promptly and satisfactorily.

One of the most unfortunate, as well as most dangerous conditions which may develop during pregnancy is puerperal eclampsia. It is relatively infrequent except in the latter stages of the term. We are all agreed that this is best prevented, and in most instances we feel that it can be and should be, if we have the care of the patient early and do our full duty in keeping informed of the pregnant woman's condition and progress But with all due care, prevention and attention, eclampsia will sometimes occur Chloroform and opiates will check the spasms, but are in no sense curative or corrective. When puerperal eclampsia develops there is no one remedy so sure and beneficial as specific vertatrum when the pulse is full and bounding, as it usually is It may be given in from ten to twenty drops, hypodermically every twenty minutes, until the pulse becomes normal in frequency, by which time the convulsions are under control, the anuria is overcome, and we may hope to relieve further by continuance of the eliminative action which has all but ceased at the onset of eclampsia.

Along the line of specifics for prevention of this dread disease, as well as a specific for its cure, one of the most learned and interesting articles coming to my notice appeared in the *New York Medical Record* for November 10, 1910, from the pen of Dr. Jas. R. Mitchell, Professor of Obstetrics in the Ft. Worth Medical College, Ft. Worth, Texas, "A New Theory of Eclampsia," in which he discusses this "disease of theories" from a standpoint of calcium starvation. The demand for calcium is physiological at all times and "doubly urgent during pregnancy." The growing child demands calcium and "will have calcium even at the mother's expense."

The toxemia and all its concomitant conditions are, according to Dr. Mitchell, to be explained by the need or lack of lime: He summarizes as follows: "The greater frequency in twin pregnancy at term; the

nervous excitability and convulsions; the delayed coagulation time of the blood; the decayed teeth; the urinary findings; the associated oedema; the eclampsia of lactation and the newly born; the well-known cessation of convulsions under milk diet. To prove conclusively that the convulsions, like the decayed teeth, are only a part of the symptom complex of calcium-poor toxemia, a thorough clinical test is necessary."

This entire article is well worth reading. It appeals to me strongly. For two years I have made use of the remedy, calcium lactate, gr. x to grs. xv. three times daily, as a preventive in all my patients (expectant mothers). I am convinced that in this remedy we have a newly found specific for this condition.

During the early stage of labor, delay in its progress is sometimes due to rigidity of the cervix uteri. This tissue is sometimes thin but unyielding, and each pain attended with more or less nervousness and sometimes when the pain is on the os uteri will contract or be less in size than during the interim between pains. For this condition, gelsemium is a specific remedy. Under its influence the tissue relaxes, the irritability or nervousness subsides, and the pains become more effective from its use. The dose will be from one to five drops every twenty minutes until the desired effect is had. But when the tissues of the cervix are thick, doughy and dilate slowly, if at all, lobelia will relax the parts and further the efforts of the patient. This must be used in small doses, half to one drop, every fifteen minutes, to nausea and relaxation. Large doses of lobelia will surprise you by increasing the uterine contractions, acting as a stimulant to the pains instead of producing the desired dilatation.

In primipara who have suffered from dysmenorrhoea, and in most multipara, after-pains sometimes are so severe as to demand attention. In some instances they prevent the mother from needed rest for twenty-four to forty-eight hours unless relieved by an anodyne or an antispasmodic. Viburnum prunifolium is a specific for this condition and will relieve in doses from drops, one to three every half hour to an hour. There are some cases in which a few ten grain doses of diaphoretic powder will be necessary.

Occasionally after child birth or abortion, the discharges become malodorous and offensive, especially at the end of several days. If there is infection, we have no more reliable remedy than specific echinacea in from three to ten drop doses every one or two hours. To overcome the odor and cleanse the parts, the use of chlorate of potash is a specific deodorizer and a good cleanser as well as an antiseptic. A carefully used douche, with a sterile syringe and sterile water, chlorate of potash, 3 i to water O.1 mix. Use more if desirable, and repeat two or three times in twenty-four hours, as may be indicated. After a few days, at most, the odor will have disappeared, and the condition upon which it depended, removed.

The writer knows of no better remedy for acutely inflamed or swollen glands than specific phytolacca. It is a reliable specific for acute mastitis.

If the infection is active, it may be fortified by the addition of echinacea, though this is rarely needed if the disease is seen early.

Phytolacca relieves the engorged glands, clears out the lymph channels, and, with its use, mastitis rapidly subsides. ℞ Specific Phytolacca 3 ss to gtt. xl to water ℥ iv, M. Sig. One teaspoonful every hour; when better, every two hours.

Patients well fed and nourished usually afford immediate secretion from the mammæ, and the child will do better to depend on this than on any side feeding until lactation is fully established. There are some patients who have well-developed glands and apparently well nourished, who give a scanty supply of milk, or the milk is of poor quality. We have found nothing so nearly a specific for this condition as a good extract of malt, one dessert to one tablespoonful with the meals and at bedtime. It may be given oftener if needed. To anemic and ill-nourished patients it aids both the mother and the child. A well-fed mother, however, usually has ample nourishment for the child, and it is good practice to supply her generously as soon as she has rested from the exhaustion incident to her labor.

MATERIA MEDICA.

Louis H. Freedman, M.D., Crowell, Texas.

Materia medica is a dry subject, perhaps, to some doctors, but to me it is a most important one, and, in my opinion, it is *the* subject that contributes largely to the making of good doctors. On my shelves there are 120 specific remedies (Lloyd's), besides numerous pills, tablets, pharmaceuticals, etc., but when I desire to get positive and instant effect upon my patient I am sure to get it by the application of specific remedies. It seems to me needless to hunt for new and less tried remedies, but I do try to study well those I have, to be able to get the most good from them, and I find that they respond nobly to any call I make upon them. If my dose of a teaspoonful every hour does not accomplish the result I am after, I give it every half hour, or even every fifteen minutes until I do get the specific action required. It is not necessary to wait twenty-four hours to find out what diagnosis is apparent. This reminds me of a humorous incident that occurred when I was living in Fort Worth. I took a patient to the hospital; he was the reddest man I ever saw. He had malaria, with a temperature of 106. Later in the day, a most terrific storm arose, and in the midst of it the nurse called me to come out. It was impossible, for the water was knee high and not an auto or even a street car was running, so I told her to call in one of the internes to stand by until I could get there. When I did get out and asked what had been done, I was told that the interne said he could do nothing, as he would have to wait at least twenty-four hours to find out what the disease

was. And it is this kind of a physician who is seeking to gain control of the practice of medicine in the United States. Had this young man known anything at all of specific medication he could have cared for the case admirably. *Give the indicated remedy and you will never fail.*

I dispense my own remedies; fill out a prescription and keep it on file. I find this method enables me to study specific medication satisfactorily. The trouble with many of our brother Eclectics is that they wander away from home; for instance, as does Eli Jones in his Definite Medication. It would bankrupt an ordinary doctor to try to use his system and all his remedies; 416 in all, I think, are mentioned. The point I wish to make is, *Know the remedies that the old pioneers blazed the way with;* do not allow the Pharmacy Board of the A. M. A. to browbeat you into relinquishing them, even though they do outlaw some that under intelligent manipulation give us brilliant results. I will mention but a very few.

I do not use calomel. Chionanthus, Leptandra and Podophyllin in combination is the best liver remedy to be found, if properly adapted to the patient in quantity and dosage. I cured a case of constipation of sixteen years' standing in a morphine habitué with this compound. To mention another negative, I do not give straight morphine and will not dispense it for money. H. M. C. never fails me and I have never once had trouble when using it. In my last one hundred obstetric cases, I have never administered chloroform, and only in a few have I even used H. M. C. I never have had a case of puerperal infection, and my patients have such an easy time that one old nurse said she wished she was young enough to have another baby so she could have Dr. Freedman to help her. This easy time is, in my opinion, induced by administering at the time of labor, gelsemium ℥ ii, macrotys ℥ v, water q.s. ℥ iv; a teaspoonful every thirty or perhaps fifteen minutes apart.

I wish to mention a few of the old landmarks that should not be forgotten, which have certainly been sheet anchors to me, and I herewith present them for your consideration:

Xanthoxylum has various synonyms, but is well known as Prickly Ash, native of many of our states and grows in open woods and rocky places; is a stimulating diaphoretic and has been used by Eclectics and progressive physicians for more than half a century. In cholera epidemics and severe dysentery, Prickly Ash was one of the main remedies and formed the well-known Prof. Kost Compound Syrup of Prickly Ash. It also forms a part of my stomach compound, which I have previously given you, and certainly surpasses all other stomach remedies in my opinion. Its sharp, pungent taste is invaluable in atonicity of the stomach. Never forget Prickly Ash in low fevers, malignant form of remittent and typhoid fever and in pneumonia; small doses gtt. v every half hour, in a little hot water, stimulates and relaxes lung tissue and induces expectoration. It makes a

splendid cough syrup in combination with Sanguinaria (Blood Root), which has a remarkable effect upon secretions of the lungs. These two remedies, in combination with Podophyllum (Mandrake), acts powerfully in icterus or yellow jaundice. Don't forget Prickly Ash in rheumatism, but here you must give larger doses—5 x of Fluid Extract in ℥ iv Syrup or Elixir Lactated Pepsin as a vehicle.

Eupatorium Purpureum (Queen of the Meadow) is my second sign board. This root is a fine diuretic and acts splendidly in dropsical conditions. Try it if you are a doubting Thomas, and it will astonish both you and your patient. In cystic calculi, suppression of urine with extreme pain, it relaxes blood pressure, and is, therefore, beneficial. In rheumatism and la grippe its use, combined with Macrotys and Pulsatilla, makes a splendid compound and a sedative to pain. This Queen of the Meadow must not be forgotten in hematuria, chronic urinary disorders; is fine in asthma, and in acidosis I get the best of results.

Scutellaria (Skullcap), a nerve sedative; ten to fifteen drops in aqua gives satisfactory results in extreme nervousness. I use it largely in the treatment of cigarette smokers and highly strung temperaments. Combined with Physostigma it has a most pleasing effect on Petit-mal. The prescription I use is Specific Skullcap ℥ ss, Specific Physostigma gtt. xx, water q.s. ℥ iv; teaspoonful every hour.

Dioscorea (Wild Yam), one of the finest remedies we have in recurrent appendicitis; in fact, for pain anywhere in the abdomen, gall stone colic and cramping pains. Given in one-half dram doses and combined with Colocynth, one drop to the dose.

Serpentaria (Virginia Snake Root), fine in typhoid fever and all eruptive diseases, and in rheumatism of a chronic character it must be given in large doses of specific medicine for diaphoresis. You will never fail if you persist with this remedy in acute inflammation and suppression of the secretions. You get quicker diaphoresis with Serpentaria than with Asclepias.

Collinsonia (Stone Root) in sore throat, such as we have in severe measles, is invaluable. Steadies a tumultuous heart action, being a tonic to the muscular structure of the heart. Stone Root should not be forgotten in hemorrhoids; drops xx of the Specific medicine in Aqua iv ℥; teaspoonful every half hour; but when used in catarrhal gastritis, larger doses. I usually combine it with Drosera and Bryonia, a fine combination, and produces immediate effect upon diseases of the throat. A great deal may be said of this remedy, but I have already taken up sufficient time.

In closing, I would say that all my death records from the spring of 1899 to date, amounts to but five, and they were practically hopeless from the start. This statement may seem egotistical, but is the truth, nevertheless. I never had a failure in pneumonia nor in a confinement, and never had a case of infection following a confinement. This is due, in my

opinion, to my understanding of Specific Medication. Let me impress another fact learned from the teachings of old Dr. Treat, of Chicago. He used to say: "Remember five cardinal points when you enter a sick-room, viz., relax, contract, stimulate, soothe and tone." If you understand Specific Medication, you see how simple it is to accomplish the desired result. I will have to stop right now, as Texans say, for I realize that the more I write of Materia Medica, the more enthusiastic I become, and there is grave danger of severely taxing your patience. So I leave this paper with you and gladly invite a thorough discussion.

PRACTICAL PRACTICE.

J. D. McCann, M.D., Monticello, Ind.

Since June, 1888, I have been trying to practice medicine according to the teachings of the old Eclectic Medical Institute. The failures made are not of record. The successful events of this quarter of a century stimulate my thought and effort to continue in the practice that was good enough for John M. Scudder, John King and F. J. Locke. We do not claim that Eclecticism is the only system of medicine.

The advocates of all schools cure their patients. The Regular school should have credit and high praise for their scientific investigations. They have done a splendid work in ferreting out the germs that cause disease and showing to the world the causes of many of our troubles, which in the past were very obscure. The men who have been instrumental in obliterating yellow fever and determining the cause and cure of the malaria of the Southland, should have our admiration; but they are so blinded by the light of their own glory that they can see nothing good in any other school.

Homeopathy is a system of medicine with many splendid results and possibilities, but they seem to befog *their* glory by a symptomatology almost incomprehensible and an attenuated reduction in dosage to an almost atom-like consistency.

Why should we insist that the Osteopath is a menace to humanity? Do we forget the throes of labor through which our forefathers passed in bringing forth the Eclectic child? If the Osteopath, by reason of a trained mind and fingers, can relieve suffering humanity of ills, why condemn and damn them for their work? Theirs is a practical practice.

If the Regular finds that he has no remedy within his grasp for the cure of pneumonia and must resort to the proprietary or synthetic remedy for help, he has failed to possess himself of that practical practice of which we as Eclectics boast.

Other than the practical practice, we might classify as follows: (a) The medical book practice; (b) the medical journal practice; (c) the

college professor practice; and (d) the practice of the ultrascientific theorist.

Some medical books broaden our ideas of what should be done, and yet befog our brain by their much speaking. The medical journals are noted for their many advertisements, their many columns of elucidations that do not elucidate, and the few bedside practical suggestions. The college professor is noted for his much speaking, and his ideas of this and that which might do so and so or that and thus. Some of our scientific thinkers lead us out into the deep water of medical research, when an undercurrent of illogical reasoning sweeps us off our feet and we have a hard fight in the whirlpool of impractical eddies farther on.

Do you remember the admonitions Scudder, our wise teacher, gave us? "Lay alongside your sick man the dead man of dissecting room experience, find out the organic ailment and meet said ailment with your defense of practical practice." We honor Shakespeare because we take pleasure in reveling in his masterpieces. We honor Tissot because of his portrayal of great themes in pictures. We honor Meade for his Gettysburg. But we honor, as well, the man in Texas, in New York, or in Indiana, who is able to carry, unfurled, that flag of Eclecticism regardless of opposition.

Some of the practical means we have at our disposal is Asclepias and Bryonia in pneumonia. You may need several other things to assist, but these need not be changed or omitted. If your Stillingia Comp. is not sufficient for your case of croup, call to your aid that splendid remedy Calcidin. If your Sulpho-Carbolates fail you in intestinal troubles, you will find in that splendidly grown youth, Echinacea, a remedy that will not be disappointing. If you have a sore, simulating cancer, use Thuja. If you have a mental disturbance, use Hyoscyamus. When symptoms warn you that collapse is imminent, do not hesitate to use Subculoid Lobelia. In sweating feet, or where the parts seem scalded, or there is a soft corn between the toes, use freely a powder composed of equal parts of Boracic and Salicylic Acid. If there is a bilious headache, dark spots on the face, or a sluggish liver, Chionanthus is the practical remedy. If a sore ovary, Senecio will give relief. Piper Methysticum is a splendid remedy where there is inflammation along the genito-urinary track.

Other things we call to mind in practical practice are: Permanganate of Potassium in ivy poison; Peroxide of Hydrogen in suppurating ear; Catalpa in bronchial irritation or asthmatic breathing; Monsell's Solution, one drachm to two ounces of simple syrup, a teaspoonful every two to six hours, where there is persistent nasal hemorrhage; Kali Phos. in threatened child bed fever; Mag. Phos. where there is a cramping of the muscles; Santonine for persistent backache; Calcium Sulphide, one grain, three times a day for several months will keep off that annual attack of tonsillitis.

So we might go on indefinitely, naming the remedies that are useful and that come to our mind as we watch the symptoms from day to day of our sick patient. The resourceful physician has much in reserve if he study well his Eclectic materia medica. If one remedy fail, you have another that may prove the ideal helper.

My brother, use your serums if you like. Administer the phylacogen if you must; but when you are praying hardest for help, hold fast upon your Eclectic remedy and yours will be a practical practice.

SPECIFIC MEDICINE, THE CHIEF CORNERSTONE OF ECLECTIC PRACTICE.

S. W. Moreland, Jonesboro, Ark.

Specific medicine has been defined as "definite therapeutic measures for definite pathological conditions." Hunger is the demand of the tissues for nutriment. This demand is manifested by a peculiar feeling of distress in the alimentary canal, a symptom, if you please. This condition of hunger is met by giving the proper food. The food, after being reduced to the fluid state in the alimentary canal, is absorbed into the blood stream, through which it is carried to all the organs of the body; each cell of these organs selecting the material from the blood for its own nourishment. Not only this, but each secreting organ selecting from the blood stream such material as is necessary for the completion of its own function. Now, these are primary principles, acknowledged by all. Reasoning from analogy, let us apply these principles to our subject. Disease is but a physiological condition, wrongly directed. As the hungry tissues cry aloud for nourishment, so, too, does the diseased tissue demand the proper remedy. As the hungry tissues select the nourishment necessary for their repair, so, too, are the diseased tissues able to select the remedial agent necessary to bring them back to a condition of health. As hunger manifests itself by a symptom, so, too, does disease manifest itself by symptoms. It is not enough to give the hungry man food, but the food must be of the right kind.

Now, it seems to the writer that the intelligent physician must be able to interpret the symptoms of disease, and apply the proper remedial measures; he must know that a relation exists between disease manifestation and drug action. In order to know disease action, it is necessary to study its manifestations through the tongue, skin, pulse, secretions, excretions, nerves, circulation and pain. The writer does not undervalue the grouping of the many symptoms of disease; but this is of secondary importance. The chief object in studying symptoms, is to discover the proper remedy to remove the diseased action. Naming the disease may be necessary to satisfy the family, or to study the natural course of the disease, but it is not necessary for the proper treatment of the patient.

The writer has no patience with the physician who would wait several hours or days for a laboratory confirmation of a diagnosis before beginning his treatment. *The disease may be aborted if treated intelligently in its early stages.* One of the principles by which Eclectics are guided, is to sustain the vital forces. In the days of our fathers, when all medical treatment was of a depressing character, it required much courage to announce such a principle; it required much courage to make such a principle a guide to one's medical practice. All honor to the Eclectic fathers for transmitting to us, unimpaired, this great principle. Let us prove ourselves worthy sons and daughters of such fathers.

Alongside of this principle is another, and one more closely connected with our subject: "Give small doses of pleasant medicine for its direct effect." Guided by these principles, many a battle has been fought, many a victory won. In this day of medical fads, in this day of medical nihilism, the writer believes it is profitable to hold aloft these true principles of the fathers of Eclecticism. Write these principles upon the Eclectic banner, and let us not permit that banner to be trailed in the dust of dishonor. Can these principles be applied in the treatment of disease? If not, let them be cast away as rubbish. Let us see: Here is a sick man. Let us examine him. His pulse is quick, full and strong; he has an increased temperature of several degrees; his skin is dry and hot; the tongue is dry, but not coated; the breathing is rapid. There is cough with some expectoration; there is pain in upper part of right chest; the face is flushed; the pupils are contracted. We learn from friends the man has been in good health until the night before, when he had a chill, followed by fever and pain in chest. On auscultation, it is found the air does not pass freely into the right lung; percussion may show some dullness. Now, the family may be informed this patient has pneumonia, but to the true Eclectic physician, these symptoms have a definite meaning, calling for definite remedies. This patient will receive small doses of specific medicine, veratrum and gelsemium, frequently repeated. This treatment will be speedily followed by relief of all the bad symptoms. Now, instead of strong, full pulse, and flushed face and contracted pupils, there may be present the small, feeble pulse, with a darker flush on the face, with the pupils dilated and the patient inclined to sleep. There is the same history of a chill, the same quick breathing, the same dullness on percussion, yet the treatment must be altogether different if good results are expected. Instead of small doses of specific medicine, veratrum and gelsemium, this patient must have small doses of specific medicines, aconite and belladonna. Under this treatment, there will be quick relief. Now this same patient, in addition to other symptoms, may have a yellow-coated tongue, associated with nausea and vomiting. If so, in addition to the small doses of aconite and belladonna, he should have small doses of specific medicine nux vomica. Or, if instead of a yellow-coated tongue, there is the broad, white tongue, now, instead of nux vomica, this patient

should have small doses of bicarbonate of soda. Or, instead of the broad, white tongue, there is a broad tongue, with the coating inclined to yellow, with full abdomen, with a sense of weight in the abdomen, with full veins on the surface of the body, now this patient, in addition to other treatment, needs small doses of podophyllin.

Attention has been called to various symptoms that may arise in a case of pneumonia, each demanding a definite remedy. The same thing may be shown in other diseases. This subject is a large one. The writer could go on indefinitely with illustrative cases, but enough has been written to show our meaning of specific medication. But someone asks, "Can all diseases be thus treated?" Most certainly they can, when we learn to rightly interpret the symptoms. Let us emphasize the fact that a close relation exists between disease expression and drug action. The work of the physician is to find this relation, and give the proper indicated remedy for its direct effect. This is Eclecticism. This is what the medical nihilist asks us to abandon. This is the practice that must be accepted by the medical world if disease is to be conquered. "Let us hold fast to our profession."

"Let us, then, be up and doing,
With a heart for any fate;
Still achieving, still pursuing,
Learn to labor and to wait."

CHOREA.

By Theodore Davis Adlerman, M.D.

Chorea, or as it is often called, "St. Vitus Dance," a spasmodic functional disease of the nervous system occurring mostly in children, characterized by movements of muscles of an involuntary, jerky-like nature, throughout the entire body. These movements cease during sleep and are beyond control of the will. In quite a few cases we find this disease associated with arthritis and endocarditis.

Etiology.—Chorea is an ailment of childhood, mostly found between two and fifteen years, and more particularly of the period in which second dentition takes place. With very few exceptions, it is not seen at a very early age (nurslings) nor after puberty. It is twice as frequent with girls as with boys. From the second to the fifth year, chorea is comparatively rare. While climate does not seem to play much of a part in the production of chorea, still we can not help but mention the fact that in China, the Antilles, and in the tropical countries, chorea is an almost unknown affliction.

Negroes are very rarely, if ever, affected by chorea. Hereditary neuropathic tendencies favor the development of this disease, and it seems to occur in nervous, highly strung and excitable children. Mental excitement, as from sudden fright, will often favor the onset of chorea.

Anemia, chlorotic conditions in general, exhaustive diseases, very rapid growth, improper nourishment, masturbation, mental overexertion, continual strain at school, may also produce the onset of chorea. Traumatism will, in some cases, act as a cause.

Reflex causes, such as a nasal disease, refraction errors, adherent prepuce of the penis or clitoris, will often be found in many cases, and seem to act as exciting causes of the disease. Pregnancy is capable of exciting a recurrence of chorea, and is quite a common cause in adults (chorea gravidarium). This is often encountered in primiparæ; some of these may be purely hysterical.

Chorea does not seem to be influenced by climate, but the claim is made that the smallest number of chorea occurs in November, raises rapidly in December, is low again in January and February, and reaches a high mark in March, falls somewhat in April, rises again in May, and then seems to decline again till November. I could never verify this claim, as in my practice the cases seemed to run alike all the year around, with the exception of July and August, when most of my patients were out of the city, either in the mountains or at the sea shores.

There seems to be some connection between acute articular rheumatism and chorea. In a great many of the cases in which the two diseases are associated, the arthritic manifestations will precede those of chorea, the symptoms of which appear either as the rheumatism is about to subside, or right after convalescence. The time elapsing between the rheumatism and the onset of chorea will vary very much from an immediate appearance to two or three years. The fatal cases of chorea nearly all show endocardial traces, which do not differ in any way from those due to rheumatic endocarditis.

In many individuals who are predisposed to true rheumatism, chorea may appear first, introducing the rheumatic affections. Certain cases of chorea will respond to the ordinary rheumatic treatment.

Morbid Anatomy and Pathology.—We can not offer anything definite in the way of a specific microbe. Dana has found a diplococcus (Amer. Journal Med. Sci., J., 1894) in the meninges, but as a leptomeningitis was present in the same case, I do not think we should lay much stress upon this fact. A micrococcus has been isolated by Wassermann in some fatal cases of chorea, while Holmes isolated a diplococcus rheumaticus from the pia and heart blood of some fatal case, which, when injected into a rabbit, produce choreiform movements.

Maragliano, as well as Sinsetti, demonstrated the presence of staphylococci in children who succumbed to rheumatic chorea. In all, we can say that bacteria of different kinds, such as rods, streptococci, staphylococci, are found in the blood and brain in the different cases of chorea.

The minute hemorrhages, capillary emboli of the basal ganglia of the brain, as well as different types of degeneration in the cells of the cortex,

or spinal cord, have been demonstrated by different investigators. Claim has been made by Dana that he found the pyramidal cells in a state of hyaline degeneration, while Turner claims to have found the pyramidal cells in a swollen condition, and their protoplasm cloudy and thick.

The so-called "chorean corpuscles," described by Elisher, have, in my estimation, no significance, as they are also found in persons who never had chorea. Osler found cardiac lesions in over 90 per cent. of his chorea cases. A transient mitral, systolic murmur is met with at times in most cases of chorea, and is likely produced by irregular action in the musculi papillaris.

Symptoms.—The symptoms of chorea come on slowly (though in some cases due to fright, they will develop suddenly) and are often preceded by changes in the disposition of the child. It will become somewhat morose, sad, irritable, and more or less emotional—and this is quickly followed by some general decline of health.

The first and early indication of the disease itself is distinct, peculiar restlessness and fidgetiness, the child can not keep quiet, it is frequently moving its limbs in different positions. Whether standing or sitting, the child is never still, never at rest, but is constantly changing the position of the body. Closer attention given to the child will show twitching of the fingers of one hand, a shrugging of the shoulder, or drawing of the mouth at some intervals, or maybe in rapid succession. The shoulder is jerked up, the head and trunk twisted about, the face distorted with grimaces, frowning and smiling irregularly.

In school children, the walking deteriorates, dull pain in the joints are often complained of, headache makes its appearance and persists. The arms are frequently them ost affected of any parts; they are twisted, bended, flexed, elevated, put behind the back, moved in every possible and in every conceivable direction and way. The eyes are suddenly closed or opened, the mouth and cheeks twitch, the breathing is very irregular, and some noises are made in the throat.

The lower limbs are thrust forward, extended, twisted around the chair, shut under, the knee may be flexed, and so on. As the case advances, the movements become distinct, more marked, more generalized. The tongue becomes involved and swallowing may become quite difficult, owing to the irregular action of the pharyngeal muscles. Fluids regurgitate through the nose or find their way into the larynx. The gait in walking becomes very much disturbed, the leg is rotated, and one leg is thrown across the other.

The movements may remain limited to one side, or part of a side, through the entire attack, or in a short while both sides may be affected.

When the tongue is protruded, it will come out in a sudden, jerky manner, and is immediately withdrawn just in time, or sometimes late, to escape the unexpected snapping of the jaws together.

The reflexes remain normal in many cases; in a few, however, there may be some increase in the knee jerk. The sphincters are not affected.

The mind is probably more or less disturbed. A depression of mental faculties and some impairment of memory, as well as some difficulties in thinking, predominate in quite a few cases. Choreic children sometimes perform the so-called "mitre writing."

In chorea paralytica the prominence of choreic symptoms is less than the high graded motor weakness, which appears as a pseudo-paralysis of an extremity. This pseudo-paralysis (chorea mobs), or soft chorea, is mostly limited to one extremity, most frequently to the hand, or it may occur as a paraplegia, or as a hemiplegia.

In the very severe cases of chorea, the restlessness may become so exaggerated that all extremities are thrown about in different directions. The child can neither walk nor stand, and even when in bed the hands and feet are tossed here and there. The intensity of choreic movements in some cases is such that nor a moment passes without the movements, the tongue is often bitten, swallowing almost impossible, and the question of administration of food becomes a difficult problem. The will seems to have entirely lost control over the muscles, which can be said to be in a state of revolt. The psychic disturbances in many cases become very pronounced, the child laughs or cries, does not answer questions correctly, hallucinations arise, some depression of mind, and even some grave delirium. Intercurrent diseases, like measles, scarlet fever and pneumonia, often will arrest the choreic movements, but these movements will reappear and be stronger after the infectious disease has run its course.

When rheumatism is associated with chorea, the joints may be inflamed, swollen and tender. The urine is generally deficient in chlorides with excess of sulphates and phosphates, which shows a strong waste going on in the nervous system.

In most cases of chorea there is no elevation of temperature (even if the movements are very severe), in a few exceptional cases there may be a rise of about two degrees, while in chorea insaniens the temperature may run up to 104. Elevation of temperature may occur through or as a result of some complication, either cardiac or arthritic.

A patient who once had an attack of chorea is liable to get it again once or a few times. The intervals between the attacks will vary from a few weeks to several years. The females will suffer from more secondary or even tertiary attacks than males. The disease may run a rapid course in some cases, lasting from about a month to three months, while in others it may last for a year or even more. It may also become chronic.

Diagnosis.—The recognition of true chorea does not present any difficulties, and once you see a case or two, you can not very well forget them, and you are not likely to mistake them for other diseases. Some difficulty may be experienced in distinguishing symptomatic choreoid

movements in other diseases from true chorea. The accompanying other symptoms of the disease should differentiate the pseudo-chorea.

Hysterical chorea may be mistaken for true chorea, but the movements are of a more rhythmical character, and often consist of sudden jerks, which will increase in severity during the examination, and at the same time other symptoms of hysteria are also present.

Habit chorea is distinguished by the spasmodic and localized character of the movements.

Athetoid movements in infantile cerebral palsies may look like chorea, but the rigidity of the muscles, increased reflexes, and history of onset will easily point to the correct diagnosis. The motor symptoms of paralysis agitans, of alcoholic and senile tremor are so distinctly characteristic as to be easily differentiated from true chorea. The movements of athetosis are mostly in the hand and fingers, and are not as limited and quick as in chorea.

The *prognosis* of an ordinary uncomplicated case of chorea is favorable in most cases, and is only doubtful in cases where there is rapid and great failure of general health. Relapses must, of course, be taken into consideration.

The disease will become chronic in some cases, now and then. Some severe cases may end in death and in these the choreic movements are more severe. Cases of chorea insaniens, maniacal chorea, are the most fatal. The development of rheumatism during the disease does not mean that the prognosis must be any worse. The complication with endocarditis, septic processes, and high temperature, are more or less serious. Chorea with pregnancy furnishes a high mortality for both mother and child.

Treatment.—It is of importance,, even in the very mild cases, to remove the child at once from school, as well as to eliminate all sources of excitement. All reflex irritation, such as nasal disease, refraction errors, adherent prepuce, must all be attended to and corrected as soon as possible. The diet of the patients should be simple, nutritious, with plenty of fats in the form of cream and butter. Tea, coffee, candies and pastry are strictly forbidden. Meats, either reduced entirely or once a day only. Outdoor life in the air and sunshine. In the severe cases, absolute quiet and rest in bed may be required, with occasional exercises in the open air by walking. Food may have to be administered in these cases by nasal or rectal tube. Lukewarm baths given daily are of great benefit. Drug treatment depends upon each individual case. In all anemic cases, iron is indicated and should be administered. I use the iron arsenate with very good results.

In the treatment of the disease, *per se*, Liquor Potass. Arsenitis will give excellent results. The best method of administration is to give it in ascending doses until physiologic effects are produced, then in descending doses. I prescribe, as a rule, one-half drop to two drops of Fowler's

solution, well diluted, three times daily, to be taken after meals, and then add one drop every third day. This is continued till the maximum dose is reached, and as soon as the lower eyelids become puffy, noticeable most particularly on rising in the morning, or gastrointestinal symptoms develop, such as slight burning or colicky pains in the epigastrium, nausea and diarrhoea, when the medicine must be discontinued for awhile. During the administration of arsenic, it is important to watch the kidneys, examine the urine daily and watch for albumin. Discontinue the arsenic if albumen is found. However, arsenic will sometimes fail to cure chorea, and it becomes necessary to use other remedies.

Conium Maculatum will lessen the muscular activity and relieve the pains in the joints and limbs, prevent the attacks and guard against relapses. It is indicated in all cases of chorea with extreme motor unrest. Begin with a small dose and gradually increase to suit the case.

Datura Stramonium is a valuable remedy in the particularly restless cases. It also allays the pains. In chorea insaniens it proves to be especially valuable combined with small doses of Oenanthe Crocata.

Cimicifuga is of service in all cases of chorea where there are rheumatic symptoms, where there is distinct muscular soreness; and in these cases cimicifuga is of benefit to both the joints and to the chorea. But it is necessary to give full doses to obtain results.

Gelsemium must not be overlooked in chorea. I combine the gelsemium with passiflora, and find it of the greatest value in the grave cases of chorea, where the child is very nervous. It will induce healthy, refreshing sleep, controls the temperature and muscular activity and allays the delirium, which is commonly of a hallucinatory character.

In cases of chorea, due to fright, with twitchings all over the body, ignatia is the remedy called for and its use will prove most beneficial.

In cases of chorea of malarial origin, the hydrobromate or valerianate of quinine should be administered, and, if necessary, in quite large doses.

Methylacetanalide is a very potent remedy. It lessens the severity of the choreic movements in a short time, and lessens the duration of the attack. It proves to be of service in the early stages of chorea, but must be used with the greatest caution, as it often produces the most profound anemia as well as collapse, and if pushed will bring on epileptiform convulsions. The dose for a child is from one to one and a half grains. In adults, three grains may be given, repeated twice daily.

Scopolamine hydrobromate in doses of 0.2 to 0.5 of a milligram given subcutaneously often gives most happy results in the old progressive cases where all other drugs have failed.

From one to two milligrams of picrotoxin given hypodermically every day will overcome the very obstinate cases, which are associated with the peculiar choreic irritability.

Cypripedium must not be overlooked in the choreic cases with the broad, puffy tongue, where the patient complains of steady pains in the

arms and legs. Along with these drugs, tonics and nutrients, phosphate of lime, iron, cod liver oil, are usually indicated. The albuminate of iron is very good. It is tasteless and the little patients take it readily in milk.

Chorea, occurring during pregnancy, demands active, vigorous measures for treatment from the very start. While it is seldom necessary to terminate gestation, still, if the motor storm is very severe and violent, and mental features become pronounced, artificial delivery must be resorted to.

Physostigma in small doses for the advanced cases of chorea and in which there is some mental stupor, in which a peculiar dullness of intellect seems to prevail, as well as in the violent and sudden cases which are complicated with pain on pressure over the spine.

After recovery, the general health of the child should be under care for a long time. The patient must be guarded against excitement, excessive study, or any exhausting condition, physical as well as mental, and the fact borne in mind that the disease is apt to recur and other nervous disorders develop from it.

We can not very well close this article without saying a few words about Huntington's chorea (hereditary chorea; Waters' chorea would really be a more proper name for this disease, as it was first discovered by Dr. C. O. Waters, of Franklin, New York, in 1841, thirty-one years before Huntington described it). It develops late in life, occurs in successive generations of a family, making its appearance at about the age of thirty-five to forty. The onset of the affliction is gradual, and the motor disturbances may first come on independently or secondary to some mental impairment. Men suffer in somewhat greater proportion than women. It is characterized by symptoms of mental and physical irritability, followed by mental decay and exhaustion.

The face, speech and gait become first involved, the general disposition changes, the patient becomes irritable and nervous. Walking becomes hard and sometimes impossible. There is no wasting of muscles or disturbances of sensation. The spasmodic movements can not be arrested voluntarily and no part is exempt from them. The ocular muscles are implicated in some cases; contortion of the tongue is found in a few of the patients. The mental change is a gradually increasing dementia, associated in many cases with great irritability, self-accusations and maniacal outbursts, and sometimes even distinct delusions of persecution. In the later stages, a spasmodic paraplegia develops, the patient is confined to bed, and, while it may last for many years, death occurs from some intercurrent disease.

The pathology is still in darkness, but the condition is probably a subcortical sclerosis. Rheumatism, pregnancy, hysteria, and many other functional nervous diseases may play some part in the etiology of the disease.

In diagnosing, it is well to remember that Friedreich's ataxia appears early in life, the movements are not choreic, but ataxic, the knee jerks are absent, while nystagmus is present.

In multiple sclerosis the movements cease when the patient is at rest. Hysterical chorea will be distinguished from it by other symptoms of hysteria, the absence of dementia and suicidal intent.

The prognosis is very bad. The disease is incurable, and treatment is of no avail. The bromides should not be used (many authors to the contrary notwithstanding), as they only hasten the mental decay. General nutrition must receive prompt attention and symptoms treated as they arise. Hyoscine hydrobromate, gr. 1-100 to gr. 1-50, hypodermically, will control the maniacal disposition of some of the cases. As anti-spasmodics, conium maculatum and hyoscyamus are the only two drugs that seem to be of any value in these cases. Nutrients, such as cod liver oil, hypophosphite and lime salts, are valuable. A good diet is important. Give red meats, oysters, milk and eggs. Maintain elimination by all possible means and flush the system with water.

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COMMON SENSE IN THE PRACTICE OF MEDICINE.

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You wise men who come from the East, North and South will please harken to a few echoes from the West, a reflex from the setting sun.

Much has been written and said about the wise men of the East, but no wisdom has ever proceeded from the West, according to tradition, and the writer of this paper has no inclination to break the traditional record of the wisdom world. The only inspiration we claim for this article is good, common, horse sense, based upon experience, some bitter and maybe a little sweet, but not much of the honey of life have we found on our path.

We presume you wise men know all about the etiology, symptomatology, differential diagnosis—understand all up-to-date pathology and why pathogenic bacteria invade devitalized tissue and not healthy parts of the organism. We further presume that you understand what life is, for that is what you have to deal with when you undertake to treat a sick human being. You don't trouble about the body when life has fled. So you must have *life* in mind when you engage in trying to save it

You also, we presume know just in what relationship pathogenic bacteria stand to a diseased part. You know whether the bacteria existed before the lesion or whether it is there because of a devitalized condition

of the part or tissue affected; that is you know exactly that the tubercle bacillus will enter a healthy human lung and destroy it, or that it may get into the lung because of a devitalized state of that organ. In other words, you know for a certainty that the tubercle bacillus is the cause of consumption and will produce that disease in the strongest lungs ever made by the Creator, if that lung is exposed to invasion by the germ, and no doubt you agree with Dr. Friedmann that all that is needed to cure your patient is to inject a little turtle serum into the blood and the bacillus is killed and your patient is cured. If you believe all this wisdom, the horse sense from the West will not be of much use to you and the writing of this paper is a sheer waste of time.

However, we will presume a little more upon your wisdom, because even very wise men learn from fools. Now, we will tell you how some doctors treat the sick in the far West.

In the first place, we believe if we can have every organ of the body in a healthy state, there will be little the matter with the patient. The failure of the liver to act in a normal manner will disturb the function of every other organ of the body. So, no matter what is wrong with the patient, we begin the treatment with some indicated remedy for the liver. Next in order are the bowels and kidneys. When these organs are working satisfactorily, reinforced the heart, to send the blood with all the force possible through the organism and the patient recovers quickly.

Some horse-sense doctors in the West don't treat disease at all, but aim to get the machinery of nature, when out of order, back to a normal healthy state. When the blood is flowing freely through the tissues of the body, there is little wrong with the patient.

We are sure of medicines that will act upon the heart, liver, bowels, kidneys, and other organs of the body, but we are not quite so sure, in the West, of remedies which will cure a specific disease. Of course, if we had the privilege of living in the East, and mingling with the wise men there, we might learn of their wisdom to cure diseases by squirting an infinitesimal dose of turtle or other serum under the skin of our patient. But, alas! some have to be satisfied with old-time horse sense. We may grow in serum wisdom, however, if the wise men of the East will only come and prove to us they have a better way of curing the sick than the treatment of the body with good, old, well-tested remedies of the Eclectic School. We shall be delighted to accept their wisdom, because the Eclectic doctor, unlike other physicians, is on the outlook for the best, regardless of the source from which it comes.

The following common remedies we have found to act well in curing our patients in the West:

For the liver, when indicated: Podophyllin, grs. 6; Chionathin, grs. 8; Leptandrin, grs. 15; Iodin, grs. 10; Elix. Lactopeptin q.s., oz. 4. Sig., a teaspoonful as required.

For the heart: Sp. M. Strophanthus; Sp. M. Cactus, aa 2 drams; Sp. M. Crataegus, ½ oz.; Aqua qs., 4 oz. Sig. a teaspoonful as indicated.

For the kidneys: Sp. M. Barosma, 2 drams; Sp. M., Triticum; Sup. M. Stigmata, aa ½ oz.; Aqua qs., 4 oz. Sig., a teaspoonful as needed.

For the bowels: Compound licorice powder. As much as the case demands to keep the bowels free.

If there is serious local trouble, or any specific disease, we supplement this treatment with the indicated remedy. But in all cases we begin our treatment with the liver, bowels and kidneys, and by reinforcing the heart action, and in ninety-five per cent. of cases we succeed in curing our patients. If you wise men have not tried this method of treating the sick, just take the hint—it may prove of service, for this is an age of active competition in the healing art.

Do not overlook the examination of the rectum in all cases, nearly every one has something the matter with the rectum. We have found thuja ointment a good remedy for rectal troubles, but the medicine must be applied to the part when dilated with a rectal speculum.

A congested condition of the portal circulation is the cause of untold suffering to the human race; the doctor should not overlook this in making his examination. The general practitioner should also be prepared to examine the eyes, if he wishes to treat his patient successfully. In a word, the successful general practitioner should be a specialist in every department of the healing art, in order to succeed in this day and generation.

ANESTHETICS IN LABOR.

B. Roswell Hubbard, M.D., Los Angeles, Cal.

It is very evident to the writer that childbirth is more difficult and fraught with greater dangers of late years than were the labors of which we have tabulated accounts of a century or more ago. This is due to several causes, chief of which is, the extravagant and harmful mode of dress of women, their faulty diet and lack of physical exercise, so essential to every individual's well-being. With many women the act of bearing children is looked upon with dismay and the marriage state is shunned owing to this fear of the pangs of parturition.

The query, which is often put to physicians, why the act of bearing children is attended with agonizing distress when it is a physiological process, may be answered by citing the reasons given above, and in addition the Scriptural passage, "In sorrow thou shalt bring forth children," may be quoted. Of course not much *stock* will be taken in the former reasons, and women may wink at the latter, but this may be made a little more emphatic by suggesting that painful parturition is a divine penalty passed upon woman for primitive disobedience while in the garden of Eden, and other reasons jocular in nature that may be apropos to the occasion, if circumstances will permit.

With some women childbirth is not difficult, even with the first child. True there is more or less backache during the first stage of labor, but little suffering is endured during the expulsive throes, but the object of this paper is not to deal with labors of this kind. It is the cases of painful, protracted labors that the writer has in mind in which the medical attendant should be merciful and alert to mitigate, by practical means, unnecessary distress and abridge the period of delivery.

Pain is devitalizing and has been known to cause death in protracted labors, the patient becoming exhausted while her medical attendant sat by her bedside proclaiming that *"meddlesome midwifery* is bad," and "that in cases of this kind it would come out all right if Nature was allowed to take her course." This method may satisfy all parties concerned in the fray, in the back districts and in the regions of the Hottentots, where primitive obstetric methods still prevail; but in enlightened communities women have learned that the pangs of labor can be assuaged and as a consequence, modern methods are demanded. The cry for relief from the nagging pains during labor throes, certainly appeals to the deeper sympathies of our nature, and I am glad to know that there are ways to modify these pains, and that discreet medical men are willing to make use of them to the desired end.

Not infrequently the distress experienced in the back and hips by the patient, during the first stage of labor, is very trying and almost unbearable. Hours of suffering and loss of sleep at this time often completely exhausts the patient's strength that will stand her in need later along in the ordeal that she is passing through.

If, upon examination, the cervix is found to be dilating and there are other evidences present of true labor, a tablet of H. M. & C. can be administered hypodermically without fear of harmful results to either mother or child, and while the patient is under the influence of soothing agents she will get little snatches of sleep, nervous irritation will be relieved and full dilatation brought about, and often the head will be well advanced, at which time true labor throes will set in, soon terminating the ordeal. Should the labor be exceptionally tedious, a second tablet should be administered as the influence of the first one begins to die away. If, for any reason, excessive hemorrhage attending the parturition is feared a tablet of morphine and atropia may be substituted for the H. M. & C. If chloroform, ether, or their compounds are demanded their use is reserved for the last stage of the labor, especially in cases necessitating the use of forceps.

These lethal agents should not be advised in ordinary cases of labor, as their administration is, in a way, somewhat inconvenient, which may offset any and all advantages gained by their use. In the administration of chloroform or ether during severe labor throes, about a drachm of the fluid is placed in an inhaler, or on a folded napkin and placed over the mouth and nose when the labor throe commences, and withheld as the pain passes away; the process being repeated at the inception of each

subsequent throe. Complete narcosis is not desired, nor is it necessary unless some malformation exists requiring operative measures to end the labor.

The rational use of the anesthetic agents mentioned above, does no harm to either mother or child, and the mother is so grateful for the partial relief from the labor pangs that she never fails to speak of her doctor in words of commendation to her friends who may need his service. Such a *boost* is not looked upon lightly by a medical man, especially if he is just starting out in practice and is ambitious to build up a successful obstetric practice in the community in which he lives.

Fear is entertained by some that the danger of postpartum hemorrhage is increased from the effect that anesthetics have upon the parturient woman, but the experience of physicians who frequently resort to their use do not sustain this position, but on the contrary the danger of hemorrhage is lessened by their timely use through the prevention of uterine exhaustion on which hemorrhagic states depend.

Now a word regarding the use of forceps; I am aware of the fact that there are many physicians who seldom resort to the use of forceps, either from lack of knowledge of how to use them, or from fear of blame by the patient or her friends in case the recovery is protracted, or the child shows some defect following delivery. This state of the case is not as it should be. If the woman is in labor hour after hour and very little progress made towards delivery, the physician should be censured if he failed to relieve the suffering woman by instrumental means (conditions being favorable for their use), before she becomes exhausted and conditions present that foreshadow fatal results. The writer has many times terminated what had the appearance of a tedious labor in ten minutes with the forceps, that maight have continued hours, if left to the forces of nature.

Nature may be depended upon to do the best possible, but there are many times when she can be assisted, especially in cases of this kind. Much harm to the neck of the bladder and adjacent soft parts have resulted from pressure of the child's head, in cases where its descent has been delayed by the labor throes becoming weak through the exhaustion of the patient's strength. The forceps are called for in such instances and it is cowardly not to use them. Forceps in the hands of a doctor unacquainted with the technique of their use are murderous instruments, but a Godsend to a suffering woman when manipulated by an adept in their use.

THE ECLECTIC AND HOMEOPATHIC SCHOOLS.

T. H. Carmichael, M.D., Philadelphia, Pa.

Every true physician must be an Eclectic, that is, he must feel free to select from every possible source those methods and things which in his scientific judgment are best adapted to the prevention and cure of disease.

In the palmy days of the Roman Empire a medical sect flourished which made this Eclecticism the technical basis of its practice. It apparently disappeared with the fall of the empire.

It was officially revived in the United States in 1845, when a college was founded in Cincinnati known as the Eclectic Medical Institute, whose prospectus announced that it would teach an Eclecticism that would consist in the exclusion of remedies "which are liable to produce evil consequences or endanger the future health of the patient, while we draw from any and every source all such medicines and modes of treating disease as are found to be valuable and at the same time not necessarily attended with bad consequences."

The first result of the application of these principles was the rejection of mercury, arsenic and antimony and all of their preparations in the crude and dangerous manner in which they were employed, and the attempt to substitute for them vegetable remedies whose effects were supposed to be somewhat similar. Gradually, however, in these later years these mineral poisons have found their way back into Eclectic use, but it is as safe therapeutic remdies, for they are prepared in the same manner as in the Homeopathic pharmacy, and are recommended mainly in the same dosage and for the same general uses as in Homeopathy.

Eclecticism as a school of medicine found considerable favor among medical men, especially in the Middle West, until its adherents were next to those of Homeopathy in point of numbers, and when state medical examination was fastened upon the general profession it was rightfully entitled to a separate board of medical examiners.

As a second result of the original effort in 1845 to avoid the use of remedies "which are liable to produce evil consequences," there has been developed in a general sense an Eclectic materia medica whose underlying principle is mainly the law of similia. This fact is, of course, not recognized or even thought of by the Eclectic, who is not concerned with the principle upon which his remedy acts, but selects it because in his judgment it is the best remedy for the case in hand. For illustration, the following syndrome, copied from an Eclectic work by Dr. J. S. Niederkorn, would suggest the same remedy to the Homeopathist: "Flatulent colic, usually with a diarrhœa with greenish discharges and of foul odor. Patient is irritable and over-sensitive; little ones have abdominal pain and want to be carried; head sweats; cheeks alternately red and pale." Chamomilla is obviously the remedy, and it is to be noted that the Eclectic is not prescribing for the name of any disease but for the group of symptoms as found in the individual patient. It is also safe to say that in no allopathic college would students be taught to give chamomilla for the above syndrome.

Again, take the following group of psychic symptoms from the same book for which pulsatilla is recommended: "Mental depression, nervousness, dizziness, restless, has an active imagination for disease; fear of

impending danger; sadness; tendency to weep," and they mean the same, if not more, to the Homeopathist, for he will say pulsatilla must be the remedy for this syndrome because it will cause it.

Indications for the use of the various remedies as given in literature supplied by Lloyd Brothers, of Cincinnati, are in most cases identical with their Homeopathic usage.

Of course, there are marked differences between the two schools. While Eclectics employ small doses (comparatively speaking), they do not use remedies in the attenuated form recognized in Homeopathy.

The Eclectic frequently combines or mixes remedies—the Homeopathist never does. It would be more accurate to say that combinations are not recognized in Homeopathy, for some adherents of the school certainly use large quantities of compound tablets prepared for them (unofficially) by Homeopathic pharmacists.

It is not, however, to point out differences but to emphasize agreements that this paper is written.

There is a vital resemblance between the two schools in the fact that they both exalt therapeutics; they have a lively confidence in the action of their remedies, therapeutic nihilism has never clouded their mental horizon; the various freaks and fads which in these later days visit medicine like the autumnal meteors are viewed with serenity, and if, perchance, one strikes terra firma, it is carefully analyzed for the presence of real values; they both prescribe remedies for living individuals and not for pathological results first observed in the dead house.

These points of similarity make the Eclectic and Homeopathic schools natural allies in all that tends to advance therapeutics along practical lines. While the press every few days has startling announcements of the discovery of a remedy that will annihilate a disease, Homeopathists and Eclectics pursue the even tenor of their ways, applying different remedis to the ever varying manifestations of that disease in different persons. It is not too much to claim that the advanced men in both of these schools think along the same lines, therapeutically.

To them the main thing in medicine is the healing of the sick, and what is known as preventive medicine is considered as largely a question of hygiene or sanitary science.

The Homeopathist is glad of the demonstration of the truth of the law of similars, which is so frequently seen when remedies finally find their true places in therapeutics, because these are vindications of the law which justifies the existence of his school; but he is one with his Eclectic brother in that in addition to the law of similia he also claims "all that pertains to the great field of medical learning."

These two schools of medical practice should be brought closer together so that they may present a united front in all that concerns their interests. They have more in common than either one has with any other school. In the United States medical legislation has assumed such protean forms

and so much of it is adverse to the best interests of the profession and the advancement of true medical science that a concentration of the forces of these two schools against most of these schemes would seem to be the policy of the hour.

Within a year initial attempts have been made in several states to introduce laws which would interfere with the full freedom of the physician to dispense his own remedies. Such laws would affect materially the interests of Homeopathists and Eclectics, and can best be effectually killed by united action.

All the subtle attempts to regulate the practice of medicine or to interfere with the rights of the medical profession under the guise of national health laws or the establishment of a Department of Health as a part of the Federal Government should meet with the united resistance of both schools.

The encroachment of state medical examining boards upon the rights and privileges of both practitioners and legally chartered medical colleges should be met by united opposition.

The attempts to confine the practice of surgery by law in the United States to members of an American College of Surgeons, somewhat after the fashion of the Royal College of Surgeons in England, should be fought by both schools as an interference with professional rights, besides being detrimental to the best interests of the people of this great country, where conditions are so different from those existing in congested England.

The above are some of the instances where united action upon the part of the two schools may successfully oppose legislation which, if enacted, will not only limit the privileges of the medical profession in the United States but will be especially harmful to the prospective growth of the Eclectic and Homeopathic schools, as these various enactments will place the political control of the medical profession in the hands of interests that are inimical to their very existence.

It is not only as a league for defense but for effective offensive work that the two schools should come together.

Eclectics and Homeopathists should do effectual work towards the elimination of the patent medicine evil. It is their privilege and duty to teach the public that the only therapeutics that can claim to be scientific is that in which individuals are treated—not diseases. They only are competent to teach this fact, because they do not prescribe for diseases, neither is their time occupied in vain attempts to produce a remedy for a disease. It is only education along this line that will ultimately cause the elimination of the so-called patent medicines.

To Homeopathists and Eclectics there is an opportunity to do aggressive work for the establishment of sane therapeutics by showing to the public the facts about their remedies—that such medicines as cactus, baptisia, pulsatilla and others derive their value from their action upon human beings and not upon the lower animals, and that this knowledge of the

action of remedies and not that alone from animal experimentation establishes the value of a medicine as a curative agent.

It was with some of the above thoughts in mind that the writer in his address at Pittsburgh advocated closer relations between these two schools of medicine. There are serious problems confronting the medical world. They must be solved wisely and some must be assailed vigorously. Let us get together and their solution will be easier.

American Institute of Homeopathy, September, 1913.

(We reproduce this without comment from *The Journal of the American Institute of Homeopathy,* September, 1913. It needs none.—Ed.)

DO WE NEED ECLECTICISM?

W. E. Daniels, M.D., Madison, S. D.

In attending our National, and the different State societies, I have been asked the question, is there any need of the Eclectics to longer maintain an organization? Have we not accomplished all that we were created for? And is there anything more for us to do?

Looking at the medical practice of eighty years ago through the scientific glasses of 1913 one can not see a single thing that would lead us to believe that there was any science in the profession eighty years ago. To be sure, there were four things that stood out prominently in the practice of the dominant school, and it did not matter what the diagnosis was, these four things were scientifically indicated: Bleeding, purging, vomiting and blistering. Bleeding held first place, vomiting and purging were about equal, while blistering helped the three former. Opium was the only thing that was used to quiet pain, and when one compares the crude methods of eighty years ago with the advanced methods of the Eclectics of to-day and the fearful mortality attending the system of eighty years ago, is it any wonder that the Eclectics were forced into existence, and how well they have accomplished and changed the entire thought and practice of medicine can be judged by comparison.

It is asserted that there is little or no difference in the medical schools of to-day, as in some of the regular schools they are now teaching materia medica and therapeutics according to the theory of the Eclectics, so why should we exist longer as an organization? Have we not accomplished all for which we were created? But have we? Is there no work for us to do? Is the practice of medicine and the understanding of therapeutics so perfect that we have nothing to do? Because we have settled one question does it mean that we can fold our arms and sit quietly down and say every thing is done and completed, and there remains nothing for us to do but sit idly by and rest on our honors? Did you ever stop to think that in practically every case, when we have settled one question that we create one or more questions that is as hard or harder to settle or solve than the question that we originally solved?

When we settled the question of transportation, we created railroad corporations, and have been trying to regulate railroads ever since. When we discovered oil we solved the question of giving light to our people, but we created the Standard Oil Company, and have been trying to regulate that corporation ever since. When the question of slavery was forever settled in our country did we not create the race question, and have we not been trying to solve that all these years, and do you dare to say that when that great national controversy was settled that the men who were instrumental in settling it had nothing to do? Did they fold their hands and rest quietly on the honors that they had won? No! there was work to do, and plenty of it, and it was the big, broad-minded men that again came to the front and helped to reconstruct, and if possible make things better and to help solve the conditions that they had created.

And shall we, as Eclectics, say that we have caused the medical pendulum to swing back to or near the center and there is nothing more for us to do, and shall we sit idly by with folded hands and rest on our past honors? No! a thousand times no! While it is true that we have caused the medical profession to abandon much of its unscientific practice there is still plenty for us to do, and it is my humble opinion that there is more for us to do than there was when we were first created. Take, for instance, the so-called Owen bill that is now before our American Congress. Should that bill become a law it will mean that the medical profession will take a step backward that will take us fifty years to regain. It will mean that only one class of physicians will be recognized by certain self-appointed men. Take religion, politics, or medicine and when there has been but one school, corruption and anarchy have ruled supreme. It took a Luther to reform the religions of his day, a Lincoln to correct the misrule of politics of his day, and a Scudder and a Howe to bring about medical reform in their day. And as long as medical reform is needed that long is there need of Eclecticism. Eclecticism spells *reform.*

A Method of Operating on Fistula Without Cutting Muscular Tissue.—This method as described by Rollin H. Barnes, M.D., of St. Louis, Mo., is used in those cases of fistulæ which involve the sphincter muscles. An incision is made external to the sphincter, similar to that made when incising an ischio-rectal abscess. Through this opening the scar tissue is dissected out up to the internal opening. An incision is then made at the skin margin, so that the middle of this incision passes through an imaginary longitudinal line drawn from the internal opening. A submucous dissection is then channeled out up to the internal opening. Gauze drainage is kept in this until the external wound is healed sufficiently. Then the submucous tract, which remains, is incised under local anesthesia. No muscular tissue having been cut, the function of the sphincters is preserved intact.—Abstract of paper in American Proctologic Society Transactions.

The National Eclectic Medical Association
QUARTERLY

WILLIAM NELSON MUNDY, M.D. . . . . EDITOR.
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A WORD.

To the 1,500 or more members of the National Eclectic Medical Association I wish to say the National is yours in the fullest sense. It is held for you and belongs to you. It will be what you make it. Begin now to arrange to attend its session next June. It was conceived in a spirit of helpfulness, and that spirit permeates it still. There will be numbers of men and women present, qualified by special training, who are eager to be of use to you to help solve your problems. We wish you to know and feel that here, at least, is a place to which you can come and find willing brains alert in your service, and that no question relating to your difficult cases will be disregarded.. Round table session each day, presided over by a well-trained all-round up-to-date physician, will give you an opportunity to ask and have answered any and all questions you wish to ask. This will give an opportunity for an exchange of ideas, which will be helpful to all. Get every Eclectic or liberal physician you know to join the State and National Associations, and next June come to the National yourself and bring the new members with you, and my word for it you will never regret it. W. S. GLENN, *Pres. N. E. M. Association.*

THE HORMONES.

Dr. Finley Ellingwood, at our National Meeting, read an article entitled, "Shall we add the Hormones to our Materia Medica." The paper attracted my attention to such an extent that I began to study the subject.

Pediatrics, for July, 1913, contains an editorial entitled "Hormone Theory." It defines, "A hormone, as a chemical substance formed in one organ or part of the body and carried in the blood to another organ or part, which it stimulates to functional activity or secretion. The secretions of some or all of the ductless glands are regarded as hormones,

so is secretion, so is carbon dioxide formed in muscle during contraction, which incites the respiratory center to increased activity."

Much has been written on organotherapy and a few years back it occupied the center of the therapeutic stage. Most of us can recall Brown Sequard's "Elixir of Life," which was practically an application of what we now call organotherapy, or "Hormone Therapy." Yet the use of animal organs in the treatment of disease is said to be as old as medicine itself. The ancient Egyptians were said to have used animal secretions in medicine. The works of Pliny and Galen contain references to the use of animal organs in the treatment of corresponding diseased organs in man. Thus it seems that the old saying, "that there is nothing new under the sun," is practically true and applies to the hormone theory.

The rapid development and introduction of the various hormones, bacterins, serums and vaccines, exemplifies the unrest and lack of certainty in therapeutics. There seems to be no end to their number. Many of the hormones have been introduced to the profession, not by physicians but by pharmacists. The activity in this production is not confined to this country by any means, but is displayed as abundantly across the waters. Thus far our personal experience is confined to but three, adrenalin, thyroids and pituitrin. No uniform nomenclature has as yet been adopted. Many of the names applied are trade-marked, hence, the same substance offered under various names in accordance with the whims of the manufacturer. Preparations are on the market made from the adrenals. thyroid, parathyroids, pituitary body, pancreas, liver, spleen, ovaries, corpus luteum, mammae, testes, placenta, prostate, thymus, muscle, brain, spinal cord, kidneys, duodenum, bronchial, parotid and lymph glands, and just recently we have read of a pluriglandular extract. And now comes along an enthusiast who, by making a fluid of the principal glands, proposes to raise a race of giants and prolong life.

The same wave of enthusiasm is displayed in the elaboration of the vaccines and serums. We not only have autogenous vaccines, but for the case of doubtful diagnosis, mixed vaccines. Their rapid multiplication and enthusiasm with which they are being received has already brought forth protests and warning. An article of this character appears in the Journal of the American Medical Association, of August 9, in which attention is not only called to this fad, but several others which have finally found their level. The article plainly states that American physicians are fadists. We have noted this tendency. The *Prescriber,* for April, 1913, is devoted exclusively to a study of the hormones. To those interested I would suggest they read this issue.

A little study and thought by a layman, who has recently sprung into prominence by reason of his connection or employment by a so-called philanthropy, ought to convince him that the libel cast by him upon Eclectics is an egregious misstatement of facts. M.

ACUTE INFECTIOUS JAUNDICE IN CHILDREN.

The *New York Medical Journal,* of August 9, 1913, contains an article by Dr. Charles Herrman, with the above caption. The article begins thus: "In this paper I desire to emphasize the fact that there is a form of jaundice which occurs in children which has all the characteristics of an acute infectious disease." The author deals with the disease quite fully, the report being based upon ninety-eight cases seen during the last six years, chiefly at the Vanderbilt Clinic and at the Lebanon Hospital Dispensary.

The disease is quite common in this section and frequently prevails as an epidemic during the fall months. The author mentions one fatal case. I have never seen a case terminate fatally. Its characteristc symptoms are the gastric symptoms followed by the icterus, clay colored stools, and bile stained urine. Its duration is from eight to ten days.

I have previously written about its probable infectious nature in the *Eclectic Medical Journal,* of Cincinnati, several years ago, and have taught of its existence to my classes on pediatrics, when considering the subject of jaundice and its causes, differentiating it from gastro-duodenitis by reason of its prevailing as an epidemic and calling attention to its probable infectious nature.

The author thinks it probable that infection takes place through the nasopharynx. The specific bacillus has not been isolated.

This is the first article I have seen calling attention to this disease; neither does any text-book mention it with which I am acquainted. M.

THEORIES AND FADS.

The *Long Island Medical Journal* contains a review of "Specific Diagnosis and Medication," which the reviewer precedes by the title, "Eclectic Fantastic Theories," and wonders why sensible men cling to such fantastic theories. The truth is, the reviewer is not familiar with the certainty of Eclectic therapeutics, being too orthodox to try them, consequently he condemns that of which he has no knowledge.

Eclectic therapeutics is not a theory or a fad. It has stood the test of time and many physicians of the dominant school have been compelled from sheer necessity to turn to it for relief. Regular medicine as taught to-day is purely a theory. One can scarcely conceive of a more fine-spun theory than the so-called organotherapy. The modern conception of opsonins is theoretical to the extreme and the conception or ideas regarding infection, immunization, the administration of serums, vaccines and bacterins are undergoing changes almost daily, one can scarcely keep up with the procession. We have lived long enough to see the dominant school of medicine change front several times. Not possessing a system of therapeutics based upon certainty and which has stood the test of time and trial, they must of necessity follow every will-of-the-wisp theory advanced.

Only to-day we read that Ehrlich is seeking, through synthetic chemistry, a remedy which will kill all the infectious diseases and yet not the patient, by a single injection. His "ideal is to find a drug which will kill off the parasites, and yet do no harm to their host, the patient."

Verily, the millennium is about to dawn on "Scientific Medicine." No wonder the conservative men are sounding warnings about the use of the vaccines, serums, bacterins, etc. M.

OUR ADVERTISERS.

It has been the policy of the Editor to say nothing regarding the advertising appearing in the QUARTERLY. We purpose to depart from that rule and now respectfully call the attention of our readers to it.

It is an old saying, "That he that is not for us, is against us." This is the way I look upon our advertisers. We have with us a few of the most reputable houses in the nation, both pharmaceutical and surgical instrument makers. It is unnecessary for me to mention them specifically. Read the advertising pages and see for yourselves.

Our QUARTERLY is the property of the Association and as such every member of the Association ought to be interested in its welfare. It is furnished the subscribers at practically cost. The advertisers help us by purchasing space. Why not reciprocate and patronize those who help us?

Since becoming your editor and noting the attitude of book, drug and surgical supply houses, I have changed my attitude and patronize only those who have assisted us and have forsaken some from whom I had purchased for many years. I am not a believer in the boycott methods, but am a firm believer in Blaine's reciprocity idea.

If our subscribers would only purchase of those willing to recognize us, we could soon bring some of these houses to realize our strength. One of the houses solicited by me, said they did not advertise in journals, yet I have read their advertisement in State and private journals, as well as national.

What our school needs most is cohesion. Some of our men when they receive their diploma get too big for their cloth, yet it is that diploma which gives them their identity. Let us get together and pull together, then, and only then, will we succeed. M.

THE N. A. R. D. AND THE NATIONAL ANTINARCOTIC LAW.

Clinical Medicine, for October, contains an editorial on the Harrison Antinarcotic Bill (H. B. 6282) to which we have called attention. This bill is now pending in the Senate, having passed the House of Representatives. As attempts will be made to amend the bill so that it will seriously interfere with the practicing physician in his work, especially one who does his own prescribing, physicans should awake to the dangers confronting them. If this mania for medical legislation and inspection

into one's business continues, it will soon be illegal to administer a fourth-grain of morphine to a suffering patient. To a country practitioner it is an absolute hardship. Think of the folly of being seven or eight miles in the country and sending a prescription for morphine to allay the pangs of an hepatic or nephritic colic. Three or more hours suffering until the patient can be relieved. Doctors, get busy and check some of this illogical, unreasonable legislation. Ohio has a law now that seriously hampers the physician that does his own prescribing.

The following is clipped from the report of the Legislative Committee of the National Association of Retail Druggists, which met in Cincinnati, O., in August:

"It should be fully understood that our attitude is not one of opposition to government conservation of public health, and broadly as such we do not even oppose a Department of Health. But we do oppose any move that will place in the hands of one medical school the power to control and possibly oppress all other schools of medicine and create a medical priestcraft that might enslave the minds as well as the bodies of the people. How great the prize would be placed in the hands of a medical-legal coterie controlling a Department of Public Health may be appreciated when it is known that during the fiscal year ending June, 1912, the sum of $19,800,086 was spent for the public health activities." M.

LLOYD'S DISCOVERY.

A discovery has been perfected by John Uri Lloyd, and was announced by him to the world of science and to the general world recently.

For many years Professor Lloyd has been working in physical and colloidal chemistry, and a little more than two years ago he discovered a compound which destroys the bitter taste of all alkaloids.

Alkaloids are constituents of plants, usually bitter, and usually energetic. They are often poisonous, some being among the most poisonous bodies known. Among the alkaloids may be named strychnine, morphine, atropine, quinine, brucine, nicotine, caffeine, cocaine, berberine, etc. Of these strychnine, berberine, morphine, quinine and brucine are very bitter. The thousandth part of a grain of strychnine will give a decidedly bitter taste.

The compounds of the alkaloids are also bitter and poisonous if the alkaloid be poisonous. Professor Lloyd's newly discovered alkaloid compounds that are tasteless are made by combining the alkaloid or its salt with a form of hydrous alumina silicate.

These new compounds are tasteless, but yet, as shown by strychnine investigations, are as energetic as the ordinary alkaloid. Candies made of all the alkaloids in this newly discoverd form were shown recently at the meeting of the American Pharmaceutical Association at Nashville by Dr. Bernard Fantus, of Chicago, who obtained the compounds of Professor Lloyd. These candies were in tablet form and as pleasant to the taste as candy. The full dose of the alkaloid gave no bitterness whatever. Mor-

phine and strychnine and the other alkaloids seemingly were not present so far as taste was concerned.

About two and a half years ago Professor Lloyd discovered the first compound of hydrous alumina silicate with berberine. Then followed a series of experiments with all the other alkaloids, and he found no alkaloid that did not form a compound, insoluble in water, acid water and tasteless.

These compounds have been given the fanciful term of "Alcresta" by Professor Lloyd, which will answer as his trademark. The technical name, hydrous alumina silicate morphine or hydrous alumina silicate strychnine, etc., is too cumbrous for trade purposes. The most difficult of all the Alcresta compounds to prepare is alcresta quinine, the next being alcresta brucine.

About a year or more ago Professor Lloyd made Dr. H. W. Wiley and Dr. Lyman Kebler of the Department of Agriculture at Washington acquainted with the compounds, as was also Dr. M. I. Wilbert and others of the Hygienic Laboratory at Washington, before whom Professor Lloyd made a demonstration. These and others, who were taken into the confidence of Professor Lloyd, kept to themselves the discovery until Professor Lloyd's patents could be consummated, both at home and abroad. These patents are now practically perfected.

Physiological experiments were made about a year ago with the strychnine compound by Dr. H. W. Felter, of Northside, Cincinnati, who established the fact that the alcresta compound possesses the full toxic qualities of strychnine itself, and this fact was afterward supported by Dr. Fantus, of Chicago, who made the sweet candies which he brought before the Pharmaceutical Society at Nashville.

Dr. Gordin, chemist of the University of Illinois, Chicago, was one of a few selected chemists presented by Professor Lloyd with the new reagent. He contributed a paper to the American Pharmaceutical Association, Chicago, on the subject, which excited so much interest as to lead Professor Lloyd to promise a special treatise at the next meeting to be held in Detroit in 1914.

The question was asked of Professor Lloyd by those who had been told of the discovery as to the manner in which the compounds, as well as the alkaloids made by the newly discovered process, will be utilized.

"I do not intend personally to engage in the business of making or distributing either tablets, candies or other compounds, or to manufacture alkaloids by the new process," said Professor Lloyd. "It is probable that arrangements will be made with some manufacturing houses already engaged in the business of manufacturing tablets and alkaloids whereby a royalty permit will be given by me. Nothing as yet has been consummated."

The patents awarded the discoverer in America govern the method of manufacture in which hydrous alumina silicate is used, and the compounds made by its use.

It is easy to see that this discovery will revolutionize the medical and

pharmaceutical world. It will no longer be a difficult matter for the physician to administer an alkaloid as medicine. In the form of the new compound it will be as palatable to the patient as any tasteless powder and if mixed with a little sugar will be pleasant to the taste without losing its medical effect.

SENSATION SPRUNG IN DR. CHOATE CASE.

Sensational developments in the case of Dr. W. G. Choate, of Hot Springs, Ark., who was recently barred by the Interior Department from practicing medicine at the famous resort for alleged infractions of the rules against "drumming" for patients, were brought to light recently, when Assistant Secretary of the Interior Jones temporarily rescinded the order prohibiting Dr. Choate from practicing his profession at Hot Springs until Secretary Lane, who is on an extended trip through the West, can return and review the case.

E. L. McHaney, of Little Rock, who has been acting as attorney for Dr. Choate, sprung a sensation when he produced an affidavit signed by Mrs. Mary Waterfield, a Hot Springs boarding-house keeper, upon whose testimony Dr. Choate was prevented from practicing medicine upon the Hot Springs reservation. Mrs. Waterfield, in a sworn statement issued August 1, charges that she was induced to swear to the charges against Dr. Choate at the solicitation of Dr. Winegar, chairman of the Garland County Medical Society, and that as a reward for perjuring herself, the society, acting through Dr. Winegar, presented her with a house and lot in Hot Springs, and that she also was promised that her boarding house would be kept full of patients.

Mrs. Waterfield swears that Dr. Winegar coached her as to the kind of testimony to give against Dr. Choate. She also swears that upon a number of occasions she took patients to Dr. Choate, but he refused to treat them. Mrs. Waterfield charges that she was drilled for a month or so on the testimony she was to give against Dr. Choate and that the testimony she gave, which resulted in Dr. Choate's certificate to practice medicine at Hot Springs being withdrawn was false.

The testimony given by Mrs. Waterfield formed the basis for the Interior Department's initial action against Dr. Choate.

Mr. McHaney, attorney for Dr. Choate, states in all probability he would bring a suit for damages in behalf of Dr. Choate against Dr. Winegar, chairman of the Garland County Medical Society.

Dr. Choate, it is said, was formerly a practicing physician at Morrilton, Ark.

(The above clipping is an exhibition of the extent to which some men will go to attain their ends. It is only on a par with many other things we might mention, in the efforts to secure legislation that suits their purpose. Yet this is "scientific medicine," all others mountebanks and quacks. It is a sorry exhibition of ethics.—Ed.)

A BILL

H. R. 8606.

IN THE HOUSE OF REPRESENTATIVES.

September 27, 1913.

Mr. Reilly of Connecticut (by request) introduced the following bill; which was referred to the Committee on Military Affairs and ordered to be printed.

A BILL

To Create a United States Medical Licensing Board.

Be it enacted by the Senate and House of Representatives of the United State of America in Congress assembled, That the President be, and he is hereby, authorized and directed to appoint two medical officers of the United States Army, with a rank of a captain and a major; two medical officers of the United States Navy, with rank of lieutenant and lieutenant commander; and two medical officers of the United States Marine Hospital Corps, with rank of lieutenant and lieutenant commander, to a board to be known as the United States Medical Licensing Board.

Sec. 2. That the terms of the members of the board to be four years each, and the salary of each member thereof to be $4,000 per annum with mileage. Said board shall be in continuous session at Washington when not on duty in various States.

Sec. 3. That all regular licensed medical practitioners of medicine, now holders of a medical diploma and a State license permitting them to practice in the respective States, shall upon the passage of this Act by presenting to said board their medical diploma, their State medical license, and any other diplomas they may have, and upon the payment of the sum of $2 be given a United States license which will permit them to practice their profession of medicine in any State or Territory of the United States and its possessions.

Sec. 4. That the United States Licensing Board shall hold its meetings in various cities of the United States and shall examine all newly graduated medical doctors so that they may obtain a United States license, which license will permit them to practice medicine or surgery in any State or Territory of the United States and its possessions without any further examination; *Provided,* That the candidate for said license shall fulfill all the requirements of the American Medical Association and shall be an American citizen and present a high-school certificate or its equivalent and shall have a doctor of medicine diploma from a medical college in good standing, as declared by the American Medical Association, and upon the payment of $10 and the filing of certificates of good moral character shall be admitted to examination and upon the passage of said examination shall be granted a United States license, which will permit the holder to practice medicine and surgery in any State or Territory of the United States and its possessions.

Sec. 5. That the license may be revoked in case abortions or other unprofessional and criminal acts are performed.

[The above bill explains itself. To the main features of the bill we have no exceptions, but we can see no reason why the American Medical Association, an irresponsible organization dominated by a clique shall dictate to the Federal Government who shall be and who shall not be physicians; what shall and what shall not constitute a medical college. Why all this power should be placed in the hands of faddists is beyond comprehension.

The bill will undoubtedly be placed in "limbo," as it has been declared that the above power is under "police regulations," which belong to the individual States. It is well, however, to keep a watchful eye on these political agitators and would-be dictators of all things medical.—M.]

NEW APPLICATIONS FOR MEMBERSHIP IN NATIONAL, TO NOVEMBER 20, 1913.

SOUTH DAKOTA.
Allison, B. S., Lake Preston.

OKLAHOMA.
Nasboro, John P., Enid.

FLORIDA.
Saxton, D. E., Tampa.

PENNSYLVANIA.
Barclay, A. O., Somerset.
Edwards, D. W., Washington.
Glenn, C. G., State College.
Kingsley, H. O., Burlington.
Lafferty, J. T., West Hickory.
Lupher, J. M., Pleasantville.
McFarland, L. R., Transfer.
Miller, A. D., Mt. Pleasant.
Reese, A. C., Williamsport.
Rouse, Mrs. W. J., Williamsport.
Sheenen, S. S., Mt. Pleasant Mills.
Taylor, W. A., Broadtop.
Throme, M. W., Mt. Joy.

IDAHO.
Moxley, J. Q., Lewiston.
Kinsman, H. T., Gillette.

NEWS AND NOTES.

Arkansas.

William H. Moreland has located at Jonesboro.

John C. Moore has moved from Hardy to Monette.

Dr. Allen C. Prichard has moved from Little Rock to Conway.

Dr. J. F. Lewis is located at 501 State Bank Bldg., Little Rock.

California.

Dr. J. A. Munk has changed his address to 747 Alvarado St., Los Angeles.

The regular meeting of the Los Angeles County Eclectic Medical Society was held August 5. The attendance was large. The next meeting will be held at Long Beach, September 2.

As was announced, the Los Angeles County Eclectic Medical Society was entertained at Long Beach, September 2, by Drs. Perce, Harvey and Newton. An enjoyable occasion is reported.

Dr. H. T. Webster, of Oakland, is making an extended visit in Paulding, Ohio.

Dr. J. B. Baker has moved from Lompoc to 2930 Sacramento Street, San Francisco.

Colorado.

A. H. Bryant has changed his address to 1610 East Colfax Ave., Denver.

Connecticut.

Dr. James E. Hair, of Bridgeport, has been appointed by the State Board of Health a member of the Midwifery Examining Board.

Florida.

Dr. Geo. W. Holmes, Sharpes, made a recent trip to the Canal Zone and West Indies.

The Florida State Board of Eclectic Medical Examiners will meet in Tampa, December 1, 2 and 3.

Georgia.

This State has now a composite Board of Medical Examiners, consisting of five Allopaths, two Homeopaths and three Eclectics. The Homeopathic and Eclectic members are: Dr. C. M. Paine, Atlanta; Dr. R. E. Hinman, Atlanta, Homeopaths. Dr. A. F. White, Flovilla; Dr. O. B. Walker, Bowmans, and Dr. A. Fleming, Waycross, Eclectics.

The board as oragnized is J. W. Palmer, Alley, President; A. F. Fleming, Waycross, Vice President; C. T. Nolan, Marietta, Secretary and Treasurer.

Illinois.

Dr. R. B. Crawford has moved to 222 E. 56th, Englewood Station, Chicago.

Dr. W. K. Dyer is one of the physicians at the Watertown State Hospital for the Insane.

Dr. J. D. Dodge, of Lockport, has moved to Charleston, S. C.

Indiana.

Dr. J. D. McCann, of Monticella, has been elected secretary of the Pennsylvania Railroad Surgeons Association, of the lines West. The next meeting will be held at Atlantic City, N. J., September, 1914.

Dr. Paul Cramer has moved from Batesville to Cedar Grove.

Iowa.

The new State Board of Health began its official duties July 5. Dr. G. H. Summer was reappointed secretary. The new board consists of Lafe Higgins, Des Moines, and Drs. H. A. Dittmer, Manchester; J. L. Tamisien, Missouri Valley; G. F. Severs, Centerville, and Walter L. Bierring, Des Moines.

Dr. W. W. Maple has moved to 910 Fleming Bldg., Des Moines.

Kansas.

C. I. Welch has removed from Clifton to Edinburg, Hidalgo Co., Texas.

Dr. I. E. Sanderson has moved from Pittsburg to Monmouth.

Dr. Henry Wimer, of Achilles, has moved to Ludell.

Michigan.

Dr. Jos. E. G. Waddington has removed his office to 919-923 J. Henry Smith Bldg., Detroit.

Missouri.

Dr. Leslie R. Webb has moved from Mt. Moriah to Bethany.

Dr. Georgia B. Sattler is located at 6128 Columbia Ave., St. Louis.

Nebraska.

Dr. Amy Robinson, Hastings, has recently recovered from an attack of ptomaine poisoning.

Dr. Bert Smith has located at Lorton.

Dr. Bertha Mangon has located at North Platte; Dr. Roy Jester at St. Paul.

Dr. J. F. Atha, of Sterling, has removed to Germantown, purchasing the practice of Dr. Wright.

Dr. Protzman is located at Malcomb.

Dr. C. C. Drummond, formerly of Harda, India, is home on sick leave and is now located at 2400 R Street, Lincoln.

Nevada.

W. F. Boylan has moved from Reno to Hawthorne.

New York.

J. C. Rosenbluth has moved to 236 East 72nd Street.

Dr. H. N. Waite has removed from 115 W. 31st St., to 252 W. 29th St.

Dr. Nathan Shapiro has removed from Brooklyn to 69 Hillside Place, Newark, N. J.

The September meeting of the Eclectic Medical Society of the City and County of New York was held at Van Glahns Hotel, September 18. Dr. H. Harris presided. Papers were read, clinical cases presented and routine business transacted.

Dr. James Moran has removed from 101 West 80th St. to 262 West 83rd Street.

Dr. John E. Haggerty has opened offices at 146 West 64th Street.

Dr. Thomas Parker is located at Wappingers Fall. He anticipates going to Central America as a medical missionary in the future.

Ohio.

Dr. W. J. Prince, after considerable political wrangling, has been appointed postmaster at Piqua.

J. W. Ridenour has moved from Mendon to LaFayette.

Dr. R. R. Barrett has moved from New London to 394 Bowman St., Mansfield.

C. E. Stadler has removed from West Cairo to 849 W. Elm St., Lima.

T. C. Schneerer has located at Findlay.

The Northwestern Ohio Eclectic Medical Association met at Bluffton, October 16. There was an unusually good attendance and much interest manifested. Good surgical clinics were held in the morning at the Sanitarium and the afternoon was devoted to papers. Prof. E. B. Shewman being the operator. The newly elected officers are: President, J. J. Martin, M.D., Bucyrus; Secretary, W. Clay Jones, M.D., Kenton.

Dr. L. W. K. Tracy, of Harrison, is in China on a trip around the world.

Lee A. Hays has moved from Johnstown to 599 Keltan Ave., Columbus.

R. W. Simmons has moved from 7th and John Streets, Cincinnati, to Carthage.

Cloyce Wilson, M.D., has opened an office at 432 Clarke St., Cincinnati.

W. Stoutenborough, M.D., has located at North Vernon, and G. E. Moats, M.D., at Antwerp.

Dr. Jesse Conrad, of Magnetic Springs, has returned from a six weeks' tour of Germany.

Dr. H. P. Feaster, of Delaware, has recently suffered from a serious illness.

E. J. Burnett, M.D., has removed from St. Paris to Fostoria and is in partnership with his father, Dr. J. O. Burnett.

Dr. Maurice E. Welker has taken an office at 7th and John Streets, Cincinnati, the former location of Dr. E. R. Freeman.

Pennsylvania.

J. C. Dunn, M.D., has removed from Tionesta to Bartlesville, Okla.

Byron C. Jones has removed from South Bethlehem to 1306 South Broad St., Philadelphia.

Dr. Frank H. Long has moved from South Bethlehem to Coopersburg.

Dr. Martin J. Larkin has located at Brier Hill.

South Dakota.

W. E. Daniels, of Madison, is Vice President of the State Board of Health and Medical Examiners.

W. P. Collins, of Howard, with family, spent two or three months in Europe.

Dr. Blake Allison, a graduate of Cotner University Medical School, has moved from Hot Springs, S. D., to Colton, S. D.

Dr. Collins has taken a partner in the person of Dr. Henry Rabb.

There are plenty of locations in South Dakota. For information write Dr. W. E. Daniels, of Madison.

H. A. Krieger, M.D., has removed from Venturia to Vilas.

Tennessee.

Dr. Stokley D. Hays is located at Concord.

Texas.

T. W. Hughes, M.D., has removed from Houston to 16½ Broad St., Atlanta, Ga.

Dr. Harry McFadden has removed from Nebraska to Almada.

Dr. Fred A. Starbuck, Fairview, Okla., has removed to 1204 S. Akard St., Dallas.

West Virginia.

Dr. H. O. Van Tromp has located at French Creek.

Wyoming.

Dr. Myler has located at 1716 Capitol Ave., Cheyenne.

Dr. W. D. Sloane has removed from Adams, Neb., to Pine Bluff.

Miscellaneous.

THE GOVERNMENT MEAT INSPECTION.—The magnitude of the Government Meat Inspection Service is shown by the following figures covering the past seven years, the period during which the present law has been in effect. In this period more than 377,000,000 animals were inspected at slaughter, or which 1,100,000 carcasses and 4,750,000 parts of carcasses were condemned. The reinspection of meat and meat food products in their various preparations amounted to forty-four billion pounds, of which there were condemned on reinspection 148,000,000 pounds. There were certified for export eight billion pounds. Federal inspection is maintained at 792 slaughtering and packing establishments, which number includes practically every establishment of importance in the country. These establishments are distributed in 217 towns and cities. The force necessary to conduct inspection is comprised of 2,400 veterinary inspectors and assistants. The quickness and certainty with which the government inspectors stationed in packing houses detect tuberculosis and other diseases in animals and carcasses examined by them at the time of slaughter is an interesting example of developed expertness. Each veterinary inspector is well grounded in the fundamental knowledge of animal diseases and when entering the service is taken in hand by an experinced inspector for careful instruction in his duties. In the large packing establishments the post mortem inspection work is so divided and systematized that each carcass must pass the scrutiny of several inspectors, each of whom gives his entire attention to examining certain particular parts. Under this system the inspector's vision and sense of touch become so highly trained that exceedingly slight variations from the normal in organ or tissue are detected instantly, and the government tag is promptly affixed to all the carcasses which show such variation and they are set aside for further inspection by a final inspector.—*N. Y. Med. Jour.,* September 27.

To Help Expectant Mothers.—Through the generosity of Mrs. Robert H. Sayre five lots on the shore of Oak Beach, L. I., have been leased where cottages will be erected which will furnish single rooms to one hundred expectant mothers. The funds for the buildings have been donated by a woman who has requested that her name be withheld from the public at present. It is proposed to take the expectant mothers for a month and to give them good food, rest and instruction in how to care for their babies. The work done in this direction by the milk stations has reduced the infant death rate to such an extent that it is believed that such an institution will be a great factor in lowering infant mortality.—*Ex.*

Cerebrospinal Meningitis in New York City During 1912.—There has been but little cerebrospinal meningitis in New York City during the past two years. During 1912, 268 cases were reported, with a case fatality of 72 per cent., and a death rate in 10,000 of population of 0.36. The corresponding figures for 1911 were 314 cases, case fatality 74 per cent., and death rate 0.47. Outbreaks of this disease are not very frequent, and show remarkable periodicity, occurring about once in every ten yars. Thus the last four outbreaks occurred in 1872, 1881, 1893, and 1904, the death rate for those years being 8.7, 4, 2.7, and 5.4 in 10,000 of population, respectively. All of these years were characterized by hard winters with much snow. In the year following each outbreak, the death rate was still above the average but was very low during the remaining intervening years. From 1872 until 1904, the interim death rate averaged 1.5 in 10,000 population. Since the introduction of lumbar puncture, bacteriological diagnosis, and serum treatment the interim average has fallen below one in 10,000. This fall has been due as much to the exclusion of cases resulting from tuberculosis and other causes, as to the improvement in the result of treatment. These periodical outbreaks are partly due to the presence in the community of an accumulated number of susceptible individuals, just as occurs in the case of infantile paralysis. Judging by the past, a sharp increase in the prevalence of cerebrospinal meningitis during the next two or three years is to be expected, especially if meteorological conditions favor its development.—*N. Y. Med. Jour.*

The Average Length of Life.—Four hundred years ago the average length of human life was between eighteen and twenty years. One hundred years ago the average human life was less than thirty. The average human life to-day reaches nearly forty years. This shows what medical science has done for human life.—*Am. Pract.*, September, 1913.

We need a new "revival of learning," a sort of Renaissance in medicine that will be a revival of much of the old rather than the preaching of only the new and the untried. More or less empiricism is appreciated by the paying public, and it makes a doctor more balanced. Flavor empiricism

with laboratory learning, and a lot of the old will taste better than it ever did before.—*Med. Council.*

To render a packing introduced for epistaxis easily removable insert a rubber finger cot into the nose, hold it open with clamps and pack the gauze into this.—*Am. Jour. Surg.*

Do not neglect to examine the urine in all cases of stubborn eczema about the genitals of either sex.—*Urologic Review.*

The super-doctor is that rare individual who is not only a good diagnostician but a skilled therapeutist as well.

The Mayo Clinics.—Below is a fac-simile of a postal card received by Chicago doctors:

THE MAYO CLINICS

The Mayo Clinics at Rochester begin promptly at 8.00 a. m. The Great Western Limited leaving Chicago daily at 6.30 p. m. with sleeper for Rochester is the only train which enables you to be present at the commencement of the work.

Best route for your patients, too.

For tickets and berths call or phone H. C. Hilbourne, General Agent Passenger Department, Chicago Great Western R. R., 62 West Adams Street, Chicago. Phone, Central 5269. Train leaves from Grand Central Station, Fifth Avenue and Harrison Street.

Will the Minnesota State Medical Association stand for this, or will the same brand of whitewash be applied as was used in the case of skillfully devised articles in certain lay magazines?—*Ill. Med. Jour.*, Oct., 1913.

Epidemic Cereprospinal Meningitis.—In concluding an article in the *New York Medical Journal* for April, 1913, Wesson gives this summary:

1. The only early constant diagnostic sign is a relative rigidity of neck.
2. A clear spinal fluid indicates a bad prognosis.
3. The temperature is a misleading criterion as to state of disease; treatments should be continued till spinal fluid is sterile.
4. Method of injection should be by gravity; amount of fluid withdrawn bears no relation to size of dose of serum, which should be determined by: (a) The rate of flow of serum; (b) amount of discomfort caused patient; and (c) quantity that can be given without using pressure.
5. Serum should be given at least once a day, and in severe cases every six hours.
6. Vigorously treated cases, if seen early, will have no bad after-effects.

Sir Edward A. Schäfer, Professor of Physiology in the University of Edinburgh, delivered the full Lane Medical Lectures at the Medical De-

partment of the Leland Stanford, Jr., University in San Francisco, on September 3, 4, 5, 8 and 9. The subject of the lectures, as announced, are " On Internal Secretion in General," "On the Thyro-parathyroid Glands," "On the Adrenal Glandular Apparatus," "On the Pituitary Body," and "The Influence of Internal on Other Secretions."

American Children not in School.—Over a million children will not go to school this week because they are at work in some two hundred occupations. Owen R. Lovejoy, secretary of the National Child Labor Committee, said recently that statistics indicate that all the girls and at least nine-tenths of the boys who leave school under sixteen years enter low wage industries and remain unskilled workers throughout their lives.

Mr. Lovejoy estimates that about one-half of those now at work under sixteen in all occupations are white American children, one or both of whose parents are native born. American families are as ready as foreign families to let children enter the factory before they are sixteen. The Connecticut State Commission, in a study of more than 11,000 women and girls, representing fourteen racial groups, found a larger percentage of Americans with American fathers among the workers under sixteen than among the older workers. The latest volume of the Federal Report on the Condition of Woman and Child Wage Earners in the United States makes a similar showing. Of the twenty-eight racial groups into which the 93,000 workers are divided, only four races, involving less than one-tenth of the total, had a larger percentage of workers under sixteen than the native white Americans. Of all the workers of all races studied in twenty-three industries in seventeen States, one in twelve was under sixteen years; of the American workers in the same industries and the same States, one in eleven was under sixteen.

The National Child Labor Committee suggests that, in the light of the widely recognized evils of factory work for young people, it would be well for all industrial States to consider following the example of Ohio, which has just put into operation a law forbidding employment in factories and several other occupations to boys under fifteen and girls under sixteen years.—*Lancet-Clinic,* Sept. 20, 1913.

Uterine curettage has its chief indications in incomplete abortion, metrorrhagia as from submucous fibroids, inoperable carcinoma, etc. Its indiscriminate employment in chronic endometritis is to be condemned.—*Amer. Jour. Surg.*

Messrs. Rebman, Publishers, take pleasure in informing the profession that the International Medical Congress, held during the first week in August, 1913, has awarded to them the gold medal for the best medical publications.

NATIONAL COMMITTEES.

Committee on Organization—W. N. Mundy, chairman, Forest, Ohio.
Alabama—J. W. Daniel, Midland City.
Arizona—G. F. Manning, Flagstaff.
Arkansas—Samuel G. Boyce, Little Rock, State Bank Bldg.
California—H. Ford Scudder, Los Angeles.
Colorado—Geo. H. Candlin, Eaton.
Connecticut—T. S. Hodge, Torrington.
Delaware—J. Lippincott, Wilmington, 708 French St.
District of Columbia—Geo. MacDonald, Washington.
Florida—E. K. Whidden, Punta Gorda.
Georgia—G. W. Patterson, Atlanta.
Idaho—H. E. Snyder, Stites.
Indiana—F. L. Hosman, Indianapolis.
Illinois—R. J. Lambert, St. Charles.
Iowa—L. E. Eslick, Rockwell City.
Kansas—O. C. Baird, Chanute.
Kentucky—Lee Strouse, Covington.
Louisiana—A. C. Wilkins, Jennings.
Maine—A. Fossett, Portland.
Maryland—G. W. Fisher, Baltimore.
Massachusetts—Pitts Edwin Howes, Boston.
Michigan—J. E. G. Waddington, Detroit.
Montana—W. H. English, Anaconda.
Nebraska—Amy Robinson, Hastings.
New Hampshire—Lillian G. Bullock, Manchester.
New Jersey—G. E. Potter, Newark.
New Mexico—J. E. Manney, Tucumcari.
New York—T. D. Adlerman, Brooklyn.
Nevada—C. A. Hascall, Fallon.
North Dakota—E. A. Converse, Mott.
Ohio—J. K. Scudder, Cincinnati.
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The meeting will be held at the Hotel Sevrin, which has 400 rooms, each with a bath. Sixty rooms at $1.50 per day and up to $4.00.

OBITUARIES.

Atherholt, Daniel H., Pennsylvania, 1864, at his home in Youngstown, Ohio, August 27, aged seventy-five.

Belknap, M. C., New York Eclectic Medical College, at his home in Mayville, New York, aged seventy.

Corry, Joseph Parker, Bennett Medical College, Chicago, 1892, at his home in Alma City, Minnesota, June 1, aged fifty-five.

Gillam, Mott J., Bennett Medical College, Chicago, 1886, at his home in Florence, Kansas, July 2, aged forty-eight.

Gilkerson, Milo J., Eclectic Medical Institute, Cincinnati, 1876, at his home in Tekamah, Neb., April 8, aged sixty-nine.

Hazzard, Elic Jean B., Eclectic Medical College, of the city of New York, 1886, at his home in Lawrence, Kansas, aged seventy-two.

Hetrick, Augustus Christian, Eclectic Medical Institute, Cincinnati, 1858, at his home in Wellsville, Pennsylvania, September 4, 1913, aged seventy-eight.

Hobbs, J. V., Georgia College of Eclectic Medicine and Surgery, Atlanta, 1882, at his home in Fort Valley, Ga., July 15, aged sixty-two.

Hyde, Ovid A., Eclectic Medical College of the city of New York, 1884,

at his home in Queens, L. I., August 5, 1913. For twenty-eight years he was Professor of Anatomy in his Alma Mater.

Keeran, R. B., Eclectic Medical College, Cincinnati, 1876, at his home in Findlay, Ohio, September 5, 1913, aged sixty-one.

Massey, Tence Francis, Eclectic Medical Institute, Cincinnati, 1866, of Medaryville, Ind., died in St. Elizabeth Hospital, LaFayette, Ind., July 11, aged seventy-three.

Manchester, William L., Eclectic Medical Institute, Cincinnati, 1889, accidentally killed at his home near Frankfort, Ky., June 7, aged seventy.

McIntyre, D. W., Bennett Medical College, Chicago, 1877, at Big Springs, Texas, May 31, 1913.

Neel, Elvis G., American Medical College, St. Louis, 1878, at his home in Litchfield, Ill., September 6, 1913, aged seventy-five.

O'Neal, L. P., a charter member of the Pennsylvania Eclectic Medical Society, at his home in Mechanicsburg, Pa., September 18.

Palmer, Owen A., Eclectic Medical College, Cincinnati, 1869, at Akron, Ohio, August 23, 1913, aged sixty-six.

Peterson, Fred J., California Eclectic Medical College, San Francisco, 1900, at Camp Melker, Cal., September 9, 1913, aged fifty.

Ray, Charles Wilber, Bennett Medical College, Chicago, 1885, formerly of Nicollet, Minn., at his home in Los Angeles, Cal., August 12, aged fifty-seven.

Reefy, P. D., Eclectic Medical Institute, Cincinnati, 1869, at his home in Elyria, Ohio, October 7.

Riggs, Lester R., Eclectic Medical College, Cincinnati, 1901, at his home in Avondale, Ohio, September 4, aged forty-one.

Rylee, R. L., Georgia College of Eclectic Medicine and Surgery, Atlanta, 1891, at his home in Bogart, Ga., July 25.

Vandre, Hyppolite Louis, California Eclectic Medical College, 1886, at his home in San Francisco, August 6, aged sixty-three.

Weekslin, Charles, New York Eclectic Medical College, 1907, at his home in Brooklyn, May 4.

White, John W., Eclectic Medical College, Cincinnati, 1889, at his home in Glyndon, Md., July 22, aged seventy-four.

BOOK REVIEWS.

Orificial Surgery, Its Philosophy, Application and Technique. Compiled and edited by B. E. Dawson, M.D., Kansas City, Mo., assisted by Elizabeth H. Muncie, M.D., A. B. Grant, M.D., and H. E. Beebe, M.D.; authorized by the American Association of Orificial Surgeons. Published by the Physicians Drug News Company, Newark, N. J.

The introduction is written by E. H. Pratt, M.D., whose clinics have been attended by many of our readers and who are personally familiar with the philosophy of "Orificial Surgery." Dr. Dawson needs no introduction

to those who are in the habit of attending our National Associations, nor do any doubt his ability or fitness to compile the work before us.

The work consists of over 650 pages, and is practically a compilation of papers on orificial work selected from the "Journal of Orificial Surgery" and from the year books reporting Dr. Pratt's clinics. Being a compilation, there are practically many authors, and the book before us contains the gist or essence of this branch of surgery. An interesting chapter to the reviewer was the "Philosophy of Orificial Surgery" and "Reflexes."

We commend the work to all interested in this branch of surgery. It is, so far as my knowledge extends, the only work devoted to it. M.

A Manual of Otology. By Gorham Bacon, A.B., M.D., Professor of Otology in the College of Physicians and Surgeons, Columbia University, New York; Aural Surgeon, New York Eye and Ear Infirmary; Consulting Otologist Roosevelt Hospital, Presbyterian Hospital, Hospital for Ruptured and Crippled and Maritime Hospital, New York. Sixth edition; revised and enlarged, with 164 illustrations and 12 plates. Lea & Febiger, New York and Philadelphia. 1913.

The fact that this manual has reached its sixth edition is a sufficient guarantee of its popularity and worth. The characteristics which rendered the work acceptable has been retained and new matter added and other portions rewritten. Case histories have been inserted and every effort made to keep the work abreast of the times. The book is well illustrated, the text concise and to the point, and it is truly a manual for the student as well as for the busy practitioner. M.

Uncomplicated Pregnancy and Labor, Presenting a Simple, Scientific Method of Treatment of the Disasters of the Pregnant Term. For their care and for the prevention of the complications of labor to induce a normal balance of all functions, so that a labor without pain in very large part is the result. By Finley Ellingwood, M.D., Chicago, Ill., author of "Ellingwood's Materia Medica and Pharmacognosy," "Ellingwood's Practice of Medicine," "A Synopsis of Medical Chemistry," "Manual of Urinalysis,' and editor of "Ellingwood's Therapeutist." Published by Ellingwood's Therapeutist, 32 N. State Street, Chicago, Ill.

It seems needless to say anything regarding Dr. Ellingwood's writings to those acquainted with them, as are most of our readers. The little work before us consists of 160 pages and is suited to the purposes of physician, nurse or expectant mother. The seventh chapter is entitled "Department of Therapeutics," and is a resumè of remedies useful in pregnancy. We have read it with interest. M.

Bulletin of the State Board of Health of Kentucky, Report 1910 and 1911. Edited and published by the State Board of Health of Kentucky. Mailed to any citizen of the State for the asking.

This book contains, besides reports and circulars, rules for the prevention of scarlet fever, typhoid fever, diphtheria, ophthalmia neonatorum,

smallpox and hookworm. The two latter are illustrated and is interesting reading. Many State bulletins contain much of value to the general practitioner. Unfortunately, they are frequently consigned to the waste basket without perusal. M.

Quarterly of the Federation of State Medical Boards of the United States. Edited by Otto V. Huffman, at Albany, N.Y. The Federation Press, Easton, Pa. $2.00 a year.

The October, 1913, number is Volume No. 1 of this publication, and is the official organ of this organization, and is to be devoted to medical education and to topics of interest to medical examiners.

The present number contains articles by Henry S. Pritchett, Royal S. Copeland, N. P. Colwell, and others well known to those who have been following the agitation in medical education, to which there seems to be no end. M.

SOCIETY CALENDAR.

1. National Eclectic Medical Association.—President, W. S. Glenn, State College, Pa.; Secretary, Wm. P. Best, Indianapolis, Ind. Indianapolis, Ind., June, 1914.
2. Albany and Saratoga District Medical Society.
3. American Eclectic Materia Medica Association.—President, S. A. Abbott, Taunton, Mass.; Secretary, A. W. Smith, Berwyn, Ill.
4. Arkansas Eclectic Medical Society.—President, R. M. Jernigan, Fitzhugh; Secretary, E. M. Rockwood, Ft. Smith.
5. Atlanta Eclectic Medical Society.—President, J. R. Duvall, Atlanta.
6. Boston District Eclectic Medical Association.—President, Roy J. Boynton; Secretary, Pitts Edwin Howes.
7. Brooklyn Therapeutic Society.—Secretary, A. B. Wolf, Brooklyn. Quarterly.
8. California Eclectic Medical Society.—President, Judson Liftchild, Ukiah; Secretary, H. Ford Scudder, Los Angeles. San Francisco, May 26-28, 1914.
9. Central New York Eclectic Medical Society.
10. Chicago Eclectic Medical and Surgical Society. Monthly.
11. Colorado Eclectic Medical Society.—President, J. A. Dungan, Greeley; Secretary, Geo. H. Candlin, Eaton. May, 1913.
12. Connecticut Eclectic Medical Society.—President, James E. Hair, Bridgeport; Secretary, T. S. Hodge, Torrington. Semi-annually. Second Tuesday, October, 1913.
13. Dayton Eclectic Medical Society.—President, Chas. J. Otto; Secretary, J. F. Wuist. Third Friday of each month.
14. Eclectic Medical Society of the City and County of New York.—President, H. Harris; Secretary, A. S. Gombar. Third Thursday of each month.
15. Florida Eclectic Medical Association.
16. Fort Wayne Eclectic Medical Society.—President, G. A. Barry; Secretary, J. E. Morris. Monthly.
17. Georgia Eclectic Medical Association.—President, J. S. Wells, Griffin. Secretary, G. W. D. Patterson, Atlanta. Atlanta, 1914.
18. Illinois Eclectic Medical Association.—President, Mareva Dickerman Brown, DeKalb; Secretary, R. J. Lambert, St. Charles. May 13-15. Terre Haute.
19. Indiana Eclectic Medical Association.—President, J. H. Hauck, Terre Haute; Secretary, F. L. Hosman, Indianapolis. Indianapolis, 1914.
20. Iowa Eclectic Medical Society.—President, L. E. Eslick, Rockwell City; Secretary, B. C. Minkler, Des Moines. Des Moines, May, 1914.
21. Kansas Eclectic Medical Association.—President, G. H. Smith, Kansas City; Secretary, O. C. Baird, Chanute. Kansas City, 1914.
22. Kansas City Society. Semi-monthly.
23. Kentucky Eclectic Medical Society.—President, J. M. Wells, Vanceburg; Secretary, Lee Strouse, Covington. Louisville, 1914.
24. Kentucky Central Auxiliary.—President, J. . Shultz, Jeffersonville; Secretary, T. A. Evans, Farmers. Richmond, November, 1913.
25. Kentucky Eastern Auxiliary.—President, D. E. Morgan, Maysville; Secretary, M. W. Meadows, Fullerton. October, 1913.

26. Kings County Eclectic Medical Society.—President, Theo. D. Adlerman; Secretary, A. W. Wolf.

27. Los Angeles County Eclectic Medical Society.—President, H. C. Smith, Los Angeles; Secretary, P. M. Welbourn, Los Angeles.

28. Maine Eclectic Medical Society.—President, S. A. Abbott, Taunton. Portland, May 24, 1914.

29. Maryland State Eclectic Medical Society.—President, Geo. W. Fisher, Baltimore; Secretary, F. L. C. Helm, 2757 W. North Ave., Baltimore.

30. Massachusetts Eclectic Medical Society.—President, Asa L. Pattee, Falmouth; Secretary, Pitts Edwin Howes, Boston. Boston, first Thursday and Friday in June.

31. Michigan Eclectic Medical Society.—President, Nelson McLaughlin, Lake Odena; Secretary, J. E. G. Waddington, Detroit. Allegan, June, 1914.

32. Missouri Eclectic Medical Society.—President, J. Lee Harwell, Hendrickson; Secretary, Emmett F. Cook, St. Joseph. St. Louis, 1914.

33. Missouri Valley Eclectic Medical Association.—Secretary, John C. Story, St. Joseph.

34. Minnesota Eclectic Medical Society.

35. Nebraska Eclectic Medical Society.—President, J. N. Campbell, Stamford; Secretary, Amy Robinson, Hastings. Lincoln, 1914.

36. New England Medical Association.—President, Jas. T. Tonks, Westbrook, Conn.; Secretary, F. W. Abbott, Taunton, Mass.

37. New Hampshire Eclectic Medical Society.

38. Northeastern Ohio Eclectic Medical Society.—President, F. W. Schneerer, Norwalk; Secretary, J. D. Dodge, Collinwood. Quarterly.

39. Northwestern Ohio Eclectic Medical Society.—President J. J. Martin, Bucyrus; Secretary, W. Clay Jones, Kenton. Quarterly.

40. New Jersey Eclectic Medical Society.—President, G. C. Young, Washington, N. J.; Secretary, G. E. Potter, Newark. Semi-annual.

41. New York Eclectic Medical Society.—President, G. L. Olson, New York; Secretary, T. D. Adlerman, Brooklyn. Albany, March 25 and 26, 1914.

42. New York Specific Medication Club.—President, M. D. Pearlstein, Brooklyn; Secretary, John Birkenhauer. Second Thursday of each month.

43. Northwestern Indiana Eclectic Medical Society.—Secretary, W. F. Smith, Huntington.

44. Ohio Central Eclectic Medical Society.—President, Wm. E. Postle, Columbus; Secretary, C. M. Deem, Columbus. Monthly.

45. Ohio Eclectic Medical Association.—President, J. F. Wuist, Dayton; Secretary, W. N. Mundy, Forest. Cincinnati, May 12-14, 1914.

46. Oklahoma Eclectic Medical Society.—President, Wm. King, Oklahoma City; Secretary, H. C. Stagner, Guthrie. Oklahoma City, 1914.

47. Oregon Eclectic Medical Association.—Secretary, Byron F. Miller.

48. Pennsylvania Eclectic Medical Association.—President, Wm. R. Campbell, East Smithfield; Secretary, Wm. O. Bunnell, Wilkes-Barre. Harrisburg, June 2, 1914.

49. South Dakota Eclectic Medical Society.—President, N. L. Bailey, Lake Preston; Secretary, W. R. Collins, Howard. Madison, 1914.

50. Southern California Eclectic Medical Association.—President, Oron Newton, Long Beach; Secretary, H. C. Smith, Los Angeles.

51. Southwestern Ohio Eclectic Medical Association.—President, Chas. W. Tidball, Norwood; Secretary, C. R. Campbell, Newtown. Bi-monthly.

52. San Francisco County Eclectic Medical Society.—A. Florence Temple, Secretary. Meets first Thursday each month, except July.

53. Sullivan County Eclectic Medical Society.

54. Tennessee Eclectic Medical Association.—President, P. L. Eaton, Nashville; Secretary, John O. Cummins, Nashville.

55. Texas Eclectic Medical Association.—President, W. H. Walker, Killeen; Secretary, H. H. Blankmeyer, Aransas Pass. Dallas, October, 1914.

56. Vermont Eclectic Medical Association.—President, J. B. H. Cushman, East Charleston; Secretary, P. P. L. Templeton, Montpelier. Montpelier, June, 1914.

57. Washington Eclectic Medical Association.—President, T. J. Piersol, Tacoma; Secretary, N. M. Cook, Seattle. Tacoma, 1913.

58. Western Ohio Eclectic Medical Association.—President, Guy J. Kent, West Liberty; Secretary, W. H. Graham, South Charleston. Quarterly.

59. Western New York Eclectic Medical Society.

60. West Virginia Eclectic Medical Association.—President, M. H. Waldron, Naugatuck; Secretary, W. B. Hartwig, Anthem.

61. Wisconsin Eclectic Medical Society.—President, Ira Fay Thompson, Reedsburg; Secretary, F. C. Haney, Watertown. Devil's Lake, June, 1913.

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(Secretaries will please keep us informed of changes and dates.)

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AUGMENTATION OF SYSTEMATIC RESISTANCE TO INFECTIONS.—Clinical experience seems to show quite clearly that certain infections may be reduced in severity by the administration of Echtol (Battle). Thus in erysipelas and furunculosis, to select two infections which have responded to the internal use of Echtol, it has been found that Echtol exerted an influence on the process of a most beneficial nature, which probably is best explained by assigning to Echtol the positive power of increasing the phagocytic action of the blood stream. Typhoid fever and smallpox are also diseases which indicate the employment of Echtol.

DEFECTIVE NUTRITION.—In cases of defective nutrition, when pallor, anemia, loss of strength, and perhaps emaciation occur, without any obvious cause, Cord. Ext. Ol. orrhuMae Comp. (Hagee) is of great service, especially when the subject is a child.

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THE NATIONAL
ECLECTIC MEDICAL ASSOCIATION
QUARTERLY

VOLUME V. CINCINNATI, MARCH, 1914. NUMBER 3.

LACERATION OF THE PERINEUM AND PELVIC FLOOR.

E. B. SHEWMAN, M.D., CINCINNATI, OHIO.

Injury of the vagina and vulva is a frequent sequence of labor. The injury may involve the perineum alone, or the perineum, mucosa and separation or tear of musclature, either as far as the rectum or into the rectum. There may be a laceration of the perineum without involvement of the muscular floor. Again, there may be a subcutaneous separation of the muscular floor without any involvement of the superficial perineum or vaginal mucosa. The extent to which the laceration is visible to the eye is not always a safe criterion as the injury may extend into structures that are not visible. It is essential to make a thorough and far-reaching examination of every case. Perhaps the importance of these injuries have been over-estimated, but it is an undeniable fact that they lead to many serious and inconvenient conditions. It is also true that it is not possible always to avoid this accident at the time of labor. But it is possible to recognize it, and repair early to avoid unpleasant consequences. While the pelvic floor does not directly support the uterus and its adnexa and abdominal viscera it does indirectly do so. It has a greater purpose in supporting the terminal rectum, the vaginal canal and urethra, therefore aiding them in their function, and when an accident to the pelvic floor occurs, in its wake follows a rectocele, colpocele, urethrocele, cystocele and a displacement of the uterus and adnexa with all the distressing symptoms of these conditions, that necessitates a repair before the patient returns to a normal state. Before discussing the technique of perineorrhapy I shall consider briefly some of the important factors in the anatomy of the perineum and perineal region as follows:

The perineum is the point where many of the structures of the pelvic floor converge, such as the bulbocavernosus muscle, the transversus perinei muscle, superficial and deep perineal fascia, the external and internal sphincter ani muscle and the levator ani muscle which, with the rectovesical fascia and triangular ligament, is the most important in the reparative process. All the muscles of this region are bound together and are connected with the pubic bone through either the medium of the superficial and deep fascia or by tendon, the strong and dense part of the fascia forms the triangular

ligament. As these various structures fill the outlet of the pelvis they form a diaphragm. Through this diaphragm pass the terminal portions of the rectum, vagina, anus and urethra. A thorough knowledge of these anatomic structures with a study of the pathology of the laceration is necessary to a successful issue in repair.

PERINEORRHAPY.

I shall describe the repair of the incomplete variety. The object of perineorrhaphy is to replace and reunite properly the muscular and fascial structures. No stereotyped plan can always be followed, but my description applies to typical cases, as we recognize that every case of plastic surgery is a law unto itself.

PREPARATION.

At two o'clock P. M. of the day preceding the operation the patient is given one and one-half ounces of castor oil, followed early in the morning of the day of operation with a high enema of sterile water. The parts are shaven and sterile vaginal douches are given, either lysol or 1 to 10,000 bichloride. Thirty to forty minutes before the operation the patient is given a hypodermic of morphine one-fourth grain, atropine 1-150 grain. After the patient is anesthetized the operative field is thoroughly scrubbed with liquid soap and sterile water followed with alcohol. We are then ready to proceed with the operation. The instruments shown in the illustrations are not special ones and do not exist, but are the production of the fertile imagination of the artist. Figure No. 1 shows the result of a loss of the pelvic floor and perineum.

PERINEORRHAPHY.

Step One.—The mucous membrane is caught with small forceps at the margin of skin and mucous tissue posteriorly, putting the structures under tension. With scissors the tissue is cut through transversely as in Figure No. 2.

Step Two.—At the point where tissue was cut a straight, blunt-pointed scissors is entered and gently pushed inward so as to enter between rectal wall and posterior vaginal wall as in Figure No. 3. Care should be taken to keep the point against the vaginal wall, as in relaxed conditions and pushing backward one may easily enter the rectum. This should be carried inward to the posterior part of the rectocele or beyond the muscular separation which is from one and one-half to two inches on an average.

Step Three.—After the scissors have been carried to the proper distance the blades are separated to their full extent which makes a rapid dissection, as shown in Figure No. 4.

Step Four.—At point of entrance of straight scissors a pair of scissors with angle on edge is inserted and carried up the lateral vaginal margin to the lower point of the labia minora cutting along the muco-cutaneous border, as shown in Figure No. 5.

FIGURE 1

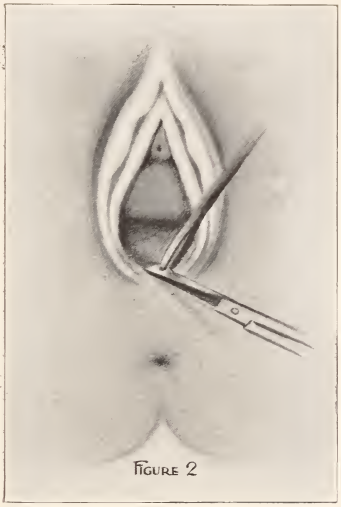

FIGURE 2

FIGURE 3

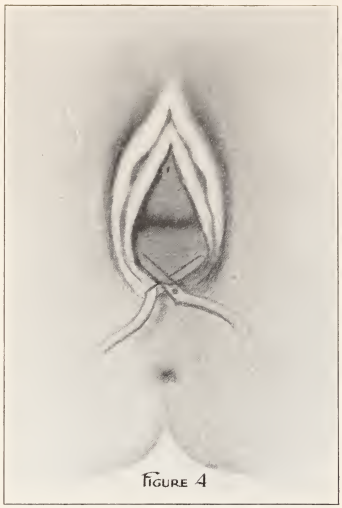

FIGURE 4

FIGURE 5

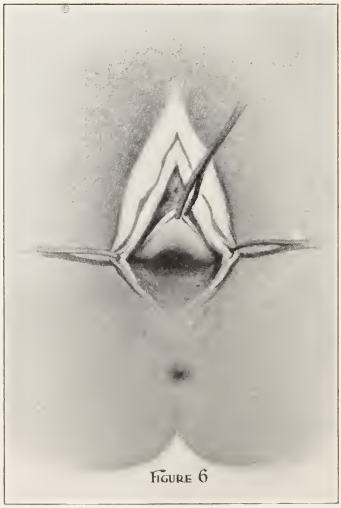

FIGURE 6

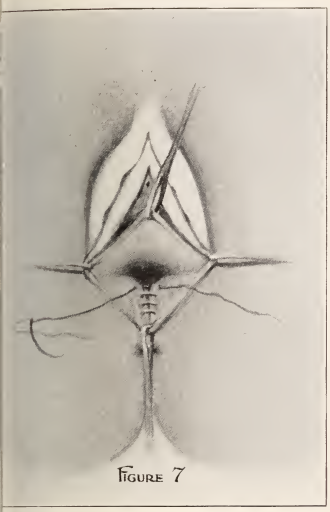

FIGURE 7

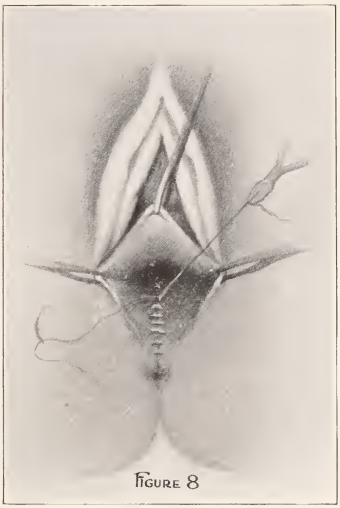

FIGURE 8

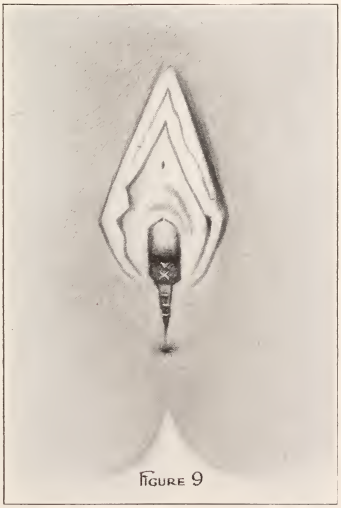

FIGURE 9

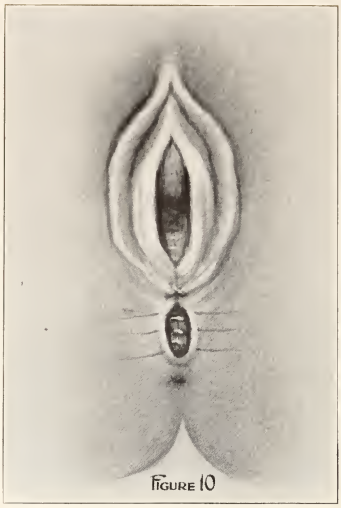

FIGURE 10

FIGURE 11

Step Five.—A tenaculum is placed at the lateral angles at the center of posterior incision and in center of anterior flap, the assistants putting tension on them and dissection completed by uncovering the separated edges of levator ani, as shown in Figure No. 6.

Step Six.—A curved needle with a No. 3 twenty-day catgut suture is carried deeply from without inward through the left levator ani, the rectum being kept out of the field by the index finger of the right hand, after passing through the muscle on left side the needle passes through the apex of the deep dissection, then from within outward through the levator ani on right side to be repeated on the left side, then right side, and then tied. Now try the floor and if not sufficiently extensive take an additional suture, as shown in Figure No. 7.

Step Seven.—With the same suture which should be extra long in beginning a continuous suture is run back and forth until closed out to the skin, thereby building a solid wall from within outward, as shown in Figure No. 8.

Step Eight.—The excess of vaginal tissue is cut off and interrupted sutures of chromic catgut put in to the cutaneous margin, likewise interrupted sutures are put in the skin as shown in Figures No. 9, 10 and 11,

POST-OPERATIVE TREATMENT.

This is one of the most important in the success of repair work. These cases must have good, conscientious care for a period of ten days. After the patient is returned to bed a roll or heavy pad is placed under the buttocks to take tension off the gluteus muscles and perineum as well as support the parts; the limbs are kept close together, preferably tied; the patient is catheterized every six to eight hours for the first thirty-six hours, then permitted to void. The wound after each voiding or after each evacuation of the bowels is sponged with streile water or 1 to 8,000 bichloride and thoroughly dried. On the third day and each day afterwards a sterile douche is given. The bowels are moved on the third day, and before the evacuation olive oil is injected into the rectum to aid in the easy evacuation of the bowel. The patient is kept in bed ten days to two weeks. The important feautre is to keep the wound dry and sterile.

The Livingstone Building.

GOITER.

R. O. Braswell, M.D., Ft. Worth, Texas.

I do not claim anything original, or very little, at least, but have compiled together such information as appealed to me to be useful and accurate from many authors, but especially from Kocher and Mayo.

We feel that surgery of the thyroid gland is in its infancy. Much credit is due to the above-named authors, who have developed largely surgical science of the thyroid gland.

Indications for and Results of Operation for Goiter.—The greatest number of tumors of the thyroid gland which call for surgical interference are of no innocent character. They are all included under the old term "goiter," the amount of mechanical interfernce with respiration depending on the relative position of the tumor. Too little attention has been paid to the altered character of the heart's action, associated with a simple goiter, which, although partly due to mechanical causes, is also greatly benefited by surgical treatment.

In addition, the question of surgical interference has also to be considered in Basedow's disease, as well as in inflamed and malignant goiters; in the former case early operation affords the most speedy and certain chance of success.

As a rule, a portion of the gland is excised in diseased conditions of the thyroid. In inflammatory goiters the treatment consists in incision, while in vascular goiters and in Basedow's disease, ligature of the vessels is undertaken. Apart from these minor operations (we have treated a great number of vascular goiters by ligature of the vessels), we have up to the present performed excision on 3,333 occasions.

The remarkable advances that have been made in wound-treatment are probably more conspicuous in this than in any other branch of surgery, notwithstanding the difficulties and the complicated character of the operation.

As we stated in a communication delivered at the German Surgical Congress, only three deaths occurred in 904 operations for single goitre (in our third series of a thousand cases), the fatal termination in each case being attributable to cachexia, existing paralysis of both recurrent laryngeal nerves, and lesions of the heart and kidneys. If we bring up the total to 1,000 by including 96 cases from our fourth series of a thousand, the percentage mortality of 0.4 per cent. is obtained. In the 333 cases of our fourth thousand cases we have only lost one patient, who suffered from a high degree of dysponea associated with bronchitis and emphysema.

One may, therefore, conclude that in the various forms of colloid goitre, operative treatment, if carried out on definite lines, is free from danger, and should therefore be undertaken in all cases where medical treatment has failed, or, as happens in a large number of cases, has actually proved harmful. In many cases medical treatment is hopeless from the beginning.

The iodine treatment is of no use, for instance, in the cystic goitre. It does harm in all cases where "goitre-heart" is present either in a mild or a more severe degree, as well as in the inflammatory forms, while it offers no prospect of success in large nodular or in malignant goitres, especially in the latter where favorable time for radical cure is allowed to elapse.

All goitres should be operated on when they are nodular, cystic, or

becoming adherent, especially in the case of adults; when they extend into the thoracic inlet, or compress the trachea, and, lastly, when there is the least suspicion of malignancy, *i. e.,* from the character of their growth, their hardness, irregularity, and fixation.

Notwithstanding these wide indications, however, one must bear in mind that here, as in all operations elsewhere, there is a limit fixed, beyond which surgery treads on uncertain ground.

CONDITIONS INFLUENCING EXTIRPATION OF GOITRE.

Notwithstanding all aseptic precautions and improved technique, we may lose our patient after excision of the thyroid when one or other of the following conditions exist:

1. When there has been marked tracheal stenosis of long duration with constant emphysema and bronchitis, which, by causing imperfect oxygenation of the blood in the lungs, has interfered with the functions of other organs, especially the heart, the latter becoming dilated as a result of emphysema.

2. When the cardiac tone has been weakened by other causes, e. g., by general adiposity, with fatty heart; by atheroma, especially of the coronary arteries, with resulting myocarditis; by all conditions of venous stasis which have led to marked dilatation of the right side of the heart, with irregular, weak, and rapid pulse.

3. Where there is marked interference with the venous circulation, e. g., by a goitre pressing on the large vessels at the inlet of the chest, especially if thrombosis has occurred.

All these conditions are characterized by severe dyspnoea (which is frequently more marked and more troublesome than would be expected from the existing enlargement) and by deep cyanosis of the face, and occasionally of the hands, and, finally, by oedema of the face, hands and feet. The puffiness of the face is often very striking.

4. Where the entire thyroid is in a state of diffuse follicular colloid degeneration, with the healthy gland tissue reduced to a minimum. Such goiters are often of large size, and surround the trachea as a dense mass which is very slightly movable, having a firm nodulated consistence. To excise them is a difficult and bloody operation. Acute tetany may set in, and can not always be combated by administering thyroid preparations. It is best, under these circumstances, to begin by ligaturing the vessels of supply to the gland, and, later on, when the tumor has diminished in size, to perform a unilateral excision.

5. In debilitated patients suffering from Basedow's disease, with extreme emaciation, irregularity of pulse, and a high degree of tachycardia. Even although we refrain from using either a general anaesthetic, or any antiseptic, these patients occasionally die in a few days, the wound remaining perfectly healthy. Here also preliminary ligature of the arteries is the rule, excision being performed later, if there be any indications of pressure on the trachea.

6. When the tumor is malignant with marked infiltration and enlargement of the glands, where there are signs of thrombosis, and where the general condition of the patient is deteriorating, in which cases we have had better results and prolonged life with the administration of arsenic.

7. When the goitre is inflamed, the inflammation involving the capsule and the structures adjacent to it. Removal of the thyroid in an acute inflammatory condition exposes the patient to the danger of a spreading wound infection; and if the goitre is in a state of chronic inflammation, its removal is often attended with severe hemorrhage and shock (recurrent paralysis).

In those numerous cases where the above dangers (which are chiefly due to undue delay in operation) do not exist, we aim at a rapid, sure, and successful cure by operation under the following conditions:

1. By avoiding all antiseptics, both in preparing the patient and during the operation, and by using the strictest aseptic precautions.

2. By substituting novocain and adrenalin for a general anaesthetic. Nervous and sensitive patients with healthy lungs and heart may be anaesthetised with a mixture of air and ether (Braun's method) without hesitation. Vomiting during and after the operation often prevents primary healing by causing restlessness and secondary venous hemorrhage, and by soiling of the dressings.

3. By using a large incision properly placed. We recommend our symmetrical "Collar incision" as shown in Fig. 283. This incision leaves a scar which is hardly perceptible, while it gives plenty of room, and has the great advantage of enabling one to determine, in doubtful cases, which lobe is causing the greater amount of compression. We would especially warn the beginner against using small incisions which interfere with the arrest of hemorrhage, and makes it more difficult to remove more deeply-seated processes of the tumor. Our angled incision is to be preferred only in difficult highly-situated and adherent goitres, as it then greatly simplifies their removal.

4. By careful ligature of the chief arteries and veins (superior and inferior thyroid artery and veins, thyroid vessels, and the accessory veins), and at the same time by freeing the goitre within its fibrous capsule. This is the only way in which one can guard against the severe loss of blood during the operation, against injury to the recurrent laryngeal, secondary hemorrhage, and especially against tetany as the result of interference with the parathyroids which are related to the lower poles of the gland. Special care must be taken, if the removal of both lower poles is indicated, not to interfere with the parathyroids.

5. By preserving the sterno-laryngeal muscles along with their nerve-supply. If they are not preserved, the deformity which results from the sinking-in of the soft parts, is considerable. We enter in the middle line between the muscles and detach them, if necessary, from their upper insertions. In this way their nerve supply remains uninjured, while the

principle of muscle "disinsertion" is carried out (cf., Huttner's and Quervain's flap incisions). The divided muscles should always be carefully re-sutured.

THE OPERATIVE TREATMENT OF HYPER-THYROIDISM.

Hyperthyroidism or overactivity of the thyroid is now considered the cause of a group of associated symptoms which have been described under many different names.

The condition was described by Parry in 1825, by Graves in 1835, and by Basedow in 1840, and for which Kocher now proposes the term thyrotoxixosis. The name commonly used, exophthalmic goiter, is not a good term, as many of the patients do not have a goiter and others do not have a prominent eye, while some of them have neither of these symptoms in the early stage of the disease when a diagnosis might be made if these symptoms were not considered of such importance. Considering how little was known of the disease until the last few years, many authors should be given credit for the bits of knowledge gained from time to time.

It was a lack of definite or fixed pathology, permitting the appellation of many descriptions and many names, that aided the long delay in accepting the disease hyperthyroidism as a real condition and the opposite of hypothyroidism.

The essential feature of the condition is the whole of the gland, or only a part, shows an overactivity from the cell changes. The cells are increased, there being more of them in the vesicles, or more vesicles. The overproduction of secretion in some of these cases must be enormous. The laboratory findings correspond with the symptoms in the greater number of patients operated upon.

The most active condition of hyperthyroidism does not necessarily require the presence of a large tumor or goiter, as, after the gland has doubled its size, the greater increase usually consists of colloid, a retention complement change occurring in the secretions retained in the vesicles.

Such a condition has influenced older writers to state that there is no difference between the gland in Graves' disease and the glands in ordinary goiter, while, in fact, that which is retained in the gland may from its size cause trouble of various forms, because of the size of the development, but does not cause the symptoms under discussion. These are caused by a thin non-stainable secretion, the iodothyroglobulin, which has been and is leaving the gland, probably by the way of lymphatics.

Several symptoms are prominent in the disease, two of which are closely associated—tachycardia and tremor. In certain cases, during the two decades of life from forty to sixty, these without other marked symptoms must be differentiated from myocarditis.

The eye symptoms are peculiar to the condition. The eyes may protrude greatly or, because of the widening of the palpebral fissures, they may appear to protrude (Stellwag). The upper lid lags in looking down

(Graefe). The lower on looking up (Kocher). The extreme protrusion may cause diplopia for near work (Mobius). The sudden recession of the lids when fixing the eyes upon a near point has been noted (Sandstorm).

As already mentioned, a goiter is not an essential condition to marked hyperthyroidism. In a death from unoperated acute Graves' disease in which the thyroid was apparently normal to palpation both before and after death, the autopsy showed the gland to weigh nearly three times the normal, and to be typical in the structural changes present.

Muscular relaxation is often a marked feature, the constant exhaustion resembling that of the tired athlete, or that due to heart disease of the muscular type. In extreme cases muscular twitchings like those of chorea may be noticed in addition to tremor. Gastric crisis of severe variety occurs with but little warning, and vomiting lasts from one to several days. The intestinal symptoms are those of relaxation, diarrhea, of loose bowel movement, with but little increase in the total quantity, thus differing from the ordinary toxic conditions.

Circulatory changes are marked in the increased frequency of the pulse and in the excess of blood in the capillary and smaller vessels. The pulse ranges from 110 to 200 or more, representing the range from mild to extreme rapidity.

The extraordinary or proportion of the blood in the small vessels, the heart having lost the vis a tergo, increases the rapidity of action upon a smaller quantity of blood. Later, when the overwork and toxemia from the elimination of disorganized epithelium of the thyroid have caused a degeneration of the heart with irregularity in rhythm and tension, incomplete contraction and imperfectly closed valves, with resulting pulsating large veins, the blood pressure often drops to a low point. Fatty liver and kidney changes become marked, and we have albuminous urine, acsites, and edematous feet and limbs to mark this extreme condition.

Skin changes are increased feeling of warmth, sweating, with the more rapid, general metabolism manifest, and when general toxic degeneration is present the skin, as a rule, becomes pigmented.

Hyperactivity of the thyroid may begin in early childhood, the earliest we have seen beginning in one child of four and one of five; the latter was seven years of age when thyroidectomy was made. A moderate amount of hyperthyroidism is not infrequent in girls at puberty and a few years following a period of natural activity of the thyroid from sexual development. This is often true of the normal thyroid during pregnancy.

In some cases the goiter, again the eye changes will appear early, or they may be late symptoms, while in others the goiter will have existed as a simple colloid for a long time previous to overactivity.

Unilateral exophthalmic goiter is usually that variety caused by the stimulus of an encapsulated adenoma growing in the lobe of the thyroid, which later causes pressure absorption of the gland, with attacks of

intermittent hyperthyroidism, and in which all the symptoms occur except that of proptosis.

The surgical treatment of hyperthyroidism must embody methods of reducing the secretion of the gland. Operating upon other tissues in the thyroid by Jonnesco or Jaboulay method of removal of the sympathetic ganglions is, because of our increasing knowledge of the disease, a method quite obsolete.

The reduction of the blood-supply in the gland or a removal of a varying quantity of the gland is at present the accepted method of surgical treatment.

In choosing a method to fit the condition, in those patients seen in the early stages of the disease, in whom thyroidectomy is not justifiable, the ligation of the superior thyroid arteries and veins on both sides seems to bring about a rapid cure. This method is also free from the possible risks of hypothyroidism from removal of the gland. It is successful in most instances, and can be followed later by the removal of a portion of the gland, if a recurrence of the symptoms should make it necessary.

In about two-thirds of the cases seen by the surgeon, the operation for the removal of the larger lobe and isthmus can be undertaken without undue risk. In at least one-fourth of the cases the condition is so extreme, from the continued toxic condition or from acute exacerbation, that the ligation of the vessels, as advocated by Wolfler, is advisable, at least as a preliminary procedure. In a few such cases, the results are astonishing. There is a relief from all symptoms and an increase within a few months, and, should thyroidectomy be then undertaken, it will be done with much less risk than the former procedure of ligation. The operation we designate—the graduated operations for hyperthyroidism.

Some patients are in such an extremity that preliminary treatment by heart tonics, diuretics, X-ray applications and absolute rest is necessary before even the resort to ligation of the vessels is advisable.

Patients who have developed the symptoms of Graves' disease upon a previously existing goiter are usually fair risks for the operation of thyroidectomy. The condition designated as unilateral exophthalmic goiter is also readily treated by enucleation of the offending encapsulated adenoma. Myexdema or hypothyroidism as a terminal stage of hyperthyroidism may be treated by the removal of the gland, to the discredit of the surgeon, when the gland is already lacking in secretion.

Ligation of the Thyroid Vessels in Certain Cases of Hyperthyroidism.—The surgical treatment of hyperthyroidism has apparently become accepted as a promising procedure for the relief of a most serious condition, notwithstanding the fact that many cases recover spontaneously or are cured by medical treatment.

Much of the fog which surrounded the early-day knowledge of this subjust was due to a nomenclature which labeled the syndrome of symptoms with the names of various men who more or less perfectly described the

condition. The earlier cases and those presenting irregular symptoms were unfortunate in being denied a classification. They were pseudo or fruste until they corresponded to those mentioned by Graves or Basedow in the description of the disease as a finished product.

That this change from medical to surgical care is based upon rational grounds is evidenced by reports from the laboratories of the surgeons doing the greatest number of operations for goiter—from the clinics of Kocher, Halsted, and many others, including our own. These reports not only show the improved condition of the patients operated upon, but they are very uniform in the stated changes occurring in the thyroid in such cases, especially to excessive secretion.

The thyroid gland is often small or but little enlarged as compared to simple goiters, and, in fact, often resembles them. It received less attention from pathologists than the heart or nervous symptoms, and a more careful examination was made of other and associated organs than of the thyroid. As the treatment of the condition was symptomatic, it was changed from time to time as new remedies were added to therapeutics.

The early surgical experience in Basedow's disease was unfortunate in the high mortality incident to the delayed surgery, complications and degenerations of essential organs often preventing a cure. Most of the operations were made as a last desperate resort after obvious failures of many forms of medication and other methods of treatment.

While surgery of hyperthyroidism has taken a most prominent position in the treatment of exophthalmic goiter, it has advanced along various lines: (1) By operating upon the gland itself by extirpation of a varying amount; (2) by reduction of its blood supply from vessel ligation—arterial alone, arterial and venous, and venous alone; (3) by operation upon distant organs, especially the pelvic in women; (4) by extirpation of the cervical sympathetic ganglions; and (5) more recently the injection of cytolytic serum has been added.

Greater operative experience upon cases of hyperthyroidism has led to a great reduction in the mortality. This has come about through many changes, *i. e.*, earlier operation, better operative technique, more careful preparation of patients, choosing the operation to suit the case, and the graduated operation.

The anastomosis of circulation in the thyroid is very free. When we consider that this circulation is so extensive in proportion to that of the brain that the vessels arise from points closely associated with that of the brain, with a blood supply which can not be destroyed except by deliberate act, and that it has free venous return, had we no knowledge of its function we could still easily understand the importance of the organ.

The earliest ligation of the vessels as an operation for the relief of goiter is credited to Wolfler. Our experience with this procedure covers over two hundred operations, and, with the results obtained by this method, we consider that the ligation of certain thyroid arteries and veins, and, at times

a portion of the gland, seems indicated in some cases of hyperthyroidism.

Ligation of the Thyroid Vessels.—First, in those suffering from mild symptoms of hyperthyroidism, and those in whom the diagnosis is made early, possibly before the less important eye symptoms, or even goiter, is present. In cases which are hardly severe enough to warrant a thyroidectomy, the ligation of the vessels will often produce a cure in a few weeks with but little risk and without the necessity of special medication.

Second, ligation is indicated in that larger group of acute, severe exophthalmic goiters, and in the chronic and very sick patients, who, having exhausted all forms of treatment, are now suffering with various secondary symptoms—dilatation and degeneration of the heart, fatty liver, soft spleen, diseased kidneys which have resulted from the chronic toxins as seen in the later stages of Graves' disease—changes which, after all, are the final cause of death. This operation is of particular value in those cases with a marked pulsation and peculiar thrill of the superior thyroid arteries.

All superior cases of hyperthyroidism, when suffering from edema, ascites, dilatation of the heart, diarrhea, gastric crisis of vomiting, should be under observation, for a short time at least, and some of them for a considerable period of time, to improve their condition, if possible, before even a ligation be attempted. There is a time in the progress of these cases when terminal degeneration of essential organs has advanced so far that they are no longer curable. When surgery is applied as a last resort, it may be possible, by using some special great dexterity and care, to remove part of the gland without an immediate fatal result. While the disease may be checked, these patients are seldom sufficiently benefitted to warrant the immoderate risk of an extirpation. On the other hand, at such times many cases which have at first appeared to be unfavorable subjects will so far improve under symptomatic treatment, aided by rest, hygiene, X-ray, etc., as to become suitable operative subjects at a later period. It is in this class of cases that ligation as a preliminary procedure is of great value. The relative safety of ligation as compared with that of thyroidectomy may lead the operator to accept as surgical risks patients so far advanced in the disease as to have but little prospect of cure. In operating upon these cases the surgeon should use his judgment as to the time and method of operation, the anesthetic to be used, and from observations according to the improvement manifest under preparatory treatment.

So far, I have copied freely from Kocher and Mayo, for which I beg to give them due credit, and so far in this article, I do not claim any originality, but at this point, I wish to bring forward a new operative procedure which we feel should receive the careful consideration of scientific men. All simple goiters should be removed and a certain per cent. of the exophthalmic goiters should not be removed. The contraindication for operative procedure is given by the above authors and the classification of the non-operative goiter is classified and largely falls under the head of ligation of the superior thyroid vessels. Now, it is this classification to

which I especially call your attention. We take the position that hypersecretion of the thyroid glands, together wtih its attending absorption, produces autointoxication which gives the symptoms usually found in exophthalmic goiter. Reasoning from this point of view, we have come to the conclusion that in addition to ligation of the superior thyroid vessels, that it is necessary to establish drainage from the gland and drain off the excessive secretion through small drainage tubes of gauze, extending down into the body of the gland structure. This method stops instantly the absorption of the hypersecretions and gives immediate and instant relief to the circulation and mitigates the nervous phenomenon attending all these cases. When the drainage is properly and successfully established, there is a clear fluid which drains through the tube. This drainage should be kept open for several weeks and, in some cases, possibly longer. The operative technique is the same as it would be for extirpation or enucleation of the gland. The first step is to ligate the superior thyroid vessels with linen, then open the capsule, exposing the gland as though you intended to enucleate the gland. With a blunt instrument—the handle of a knife or tissue forceps—puncture the gland substance and insert the drainage tube into the substance of the gland. The end of the tube which extends into the gland substance should be perforated and the tube should be fastened in position by closure of the capsule with chromic catgut. It will be necessary to establish drainage in both sides, or in each of the lobes of the gland. That would depend upon enlargement and pathology of the gland. I operated on one case about two months ago and followed this technique. The pulse rate fell from 140 to 86 in thirty-six hours. The nervous phenomena began to abate immediately. I kept the drainage open for six weeks and it is now draining at intervals through the fistulous tracts made by the tubes. For the first few days the drainage will contain considerable blood, then a serum discharge takes its place, which in turn is followed by a clean non-stainable fluid. The wound is closed in the usual manner, which leaves practically no visible scar as in all other operations where the collar incision is made. Hemorrhage from the gland can be controlled by throwing a purse string suture of chromic catgut around the tube.

HORMONES, SHALL WE ADD THEM?

Finley Ellingwood, M.D., Chicago, Ill.

In reading the pages of the history of the Eclectic school of medicine, we are aware that the field, that was *drawn from by the fathers* in selecting drugs in the early days, was almost exclusively *the botanic* field. In the natural evolution of *a great system of medicine* which has become a *dictator* in the lines of internal drug application we have thought best to draw from other fields *only to a limited* extent. Our great effort has been made in the *correct development of our knowledge* of plant drugs. The question

now arises: Have we in our systematic study omitted other classes of remedies, that would have given us a broader field, and a wider reputation, and, perhaps, improved our own methods of healing the sick? With us an organic materia medica is the rational materia medica, and our close adherence to organic remedies, has certainly developed correct underlying truths that can not be gainsaid, and that will stand the test of all future time. Probably more opprobrium has been cast upon Eclectic physicians for adhering *to vegetable remedies so largely,* than for any other one cause of complaint. When the truths are known the basis for the position taken by these physicians is the only *real scientific basis.*

The essential chemical elements of the body are classed as inorganic. The argument is made, *up to this moment,* by the most scientific of medical men, that to supply iron, or potassium, or sodium, or any other chemical element which may be deficient, the chemical substance must be prescribed directly. In the line of other scientific advancement, it is strange that these erudite observers have not long ago recognized *the resistance the system* makes to the ingress of strictly inorganic substances; to the fact that every inorganic body must pass through a transformation, subtle, not well understood, not explained in plant life, making it *an organic body,* before it can be appropriated or transformed by the vital *animal* processes, into an animal cell or made a *part of an animal* cell. Vegetable remedies—plant drugs—are by virtue of the vital organs from which they are reproduced, and which in themselves sustain their own vital character, organic. It is now generally recognized that when such is taken into the system in an organic form, immediately adjusts itself to the organic conditions within the system, becoming in a smooth harmonious manner, without the necessity for any waste of physical or chemical energy, necessary to convert it into an organic body, an essential vital part of the system.

True rational remedies then, must be of themselves, organic. The highly satisfactory manner in which these remedies are appropriated fulfill their specific function quickly, and are eliminated without producing irritation or detrimental influence; their stable, reliable character and permanent effects all prove the position we take, and these facts can not be gainsaid.

In the evolution of our knowledge of the physiologic action of the organs of the body, the fact has grown upon us until now it is positively assured that the ductless glands, once considered without function, exercise a subtle, direct and vitally essential influence over the functioning of the various organs of the body; that this influence is very specific; that this influence, as we shall show further, from the various organs or glands, works each in perfect harmony with the other, determining a correlation between the action of these organs which sustains an essential balance—a coördinate influence in the essential functioning of the whole. In our adherence then, to the field of organic remedies, the question now arises: May we not broaden this field by adding, not animal serums prepared by

artificial process, not vaccines alone prepared from either dead or live bacilli, but may we not select that class of remedies which are called the hormones, secreted by the endocrinic glands, prepared as essential extracts from the various organs, ductless glands or other animal structures, which are found to contain an essential active principle comparable in many particulars with the alkaloids of the plant drugs.

The use of the substance of animal organs in the treatment of disease was first mentioned between four hundred and six hundred years before Christ, in referring to the testicular substance of the boar as a tonic to the reproductive organs of the male. For half of a century cod liver oil has had official recognition as a restorative. All previous observations up to two decades ago were empirical. Then began the administration of gland substances in cases where disease was believed to be due to deficient secretion of that particular organ. This began with the thyroid and the suprarenal glands, and was followed with what might be called a craze for organotherapy. This resulted in experimental observation with the *substances* of every internal organ of the sheep or ox. These were removd and dried and powdered, compressed in tablets or glycerine extracts, and administered as was thought to be indicated by the disease of the organ that was used. Because this was too general and not sufficiently specific, the method did not hold its ground.

Twelve years ago the *active principle* of the suprarenal glands was discovered, and from that discovery the hypothesis that each gland must have such an active principle was acted upon and largely proven. Concerning these active principles, Starling, in 1907, used these words: "Since in the normal functioning of the body there have to be discharges at frequent intervals into the blood-stream, and carried onward by this to the organ on which they exercise their specific effect, they can not belong to that class of complex bodies, which include the toxines of animal or vegetable origin. We must therefore conceive them to be substances, produced often in the normal metabolism of certain cells, of *definite chemical* composition, comparable in their chemical nature and mode of action to drugs of specific action, such as the alkaloids. This conclusion is borne out by the few investigations which have been made as to the nature of their chemical structure in the case of certain well-marked correlations of functions in the higher animals. In consequence of the distinctive features of this class of bodies, and the important functions displayed by them in the higher organisms, I have proposed to give a special name to the class, viz., *Hormones,* from 'I arouse or excite'."

This nomenclature is now accepted, and the hormones are the extractive principles or the active influence of the various glands of the body, and beginning with this, we can see more clearly what must in the future evolve a systematic and rational addition to our own systematic, scientific and rational measures and, as Eclectics, I think we must liberally look into this

fully and give it its exact place in specific therapeutics, because specific it will certainly be, when fully developed.

In the development, then, of *Hormone therapy,* or animal substance medication, the body, it would appear, for certain definite, invariable purposes manufactures its own drugs. These are supplied by the glands of internal secretion. These glands, as stated, have the power to correlate and coördinate the various body functions, such as pregnancy, the mammary secretion, growth, and the sexual development. While they are doing this, they also destroy any toxins within the system, and further still, these various secretions control one another. This last influence is, indeed, a most important phase of hormone therapy, for we must remember that when a certain secretion is deficient, we not only have the results of this deficiency to deal with, but we have the painful effects of uncontrolled antagonistic secretion. It is vitally essential that the "hormone balance" must be sustained, as this is a most important factor in medical treatment.

In administering the various glandular extracts, every possible portal of ingress has been used. At first, it was supposed that if taken by the mouth they would be acted upon by the gastro-intestinal secretions undesirably, or would be influenced by many conditions.

Objections were found to subcutaneous and intra-muscular routes, and perhaps the larger proportion has been used by intravenous injection, but at present it is found that this class of medicines can be taken readily by the stomach. This is convenient and is generally effective. When taken by the stomach, they do not seem to be influenced by the gastric symptoms; they are quickly absorbed by the blood and soon reach the point where chemical and physical action is exerted.

It has been found, also, that in many cases, like our own remedies, a small dose frequently repeated is more desirable than if a large dose be given at longer intervals. The amount of the dose can not be laid down yet in exact terms. They are given almost exclusively to supply deficiency, or correct perversion, and the extent of the deficiency determines the quantity to be taken; but from the first it is best to begin with a small dose and increase as the condition demands.

When any hormone is deficient there is a craving in the system for that substance. We may see this throughout the entire system, although it is shown locally, but it influences the entire system by disturbing the delicate hormonic balance. It is said that a pebble thrown onto the surface of the sea will disturb every molecule of the water of the entire body, and thus a disturbance of one of these glandular secretions affects all.

At the Italian Congress of Medicine in October last, the official report deals with the secretions and their influence in health and in disease. At that congress they gave a general name to the ductless glands having internal secretion. They call the system the Endocrinic System, and the glands the Endocrinic Glands. They laid much stress on the fact that when one gland

was affected, other of the glands quickly participated. This confirms the sensitive interaction of these glands spoken of elsewhere.

As before stated, the delicate hormonic balance, which must be sustained within the body, is easily disorganized. This may be done through disease of the cells themselves. In Graves' disease there is an excess, and in myxedema there is a deficiency of the proper secretion. These preparations then act as an actual stimulus—a restorative of function to the corresponding organs.

I have time for but few words concerning each of these substances. The substance called "Secretin" is a definite chemical substance procured from the cells constituting the walls of the duodenum. This substance is found to be a stimulant to pancreatic activity, and it is believed that where the pancreatic glands in the human are sluggish, inactive, or their function is impaired by disease, this substance will thus be of specific influence, and this is a reasonable conclusion.

In diabetes mellitus, the patient is starving to death for want of carbohydrate nourishment, although in the blood there is a great excess of sugar. The appropriation of the chemical elements in the sugar is not properly made, and this is thought to be due to disease within the pancreatic glands. Therefore, if this glandular secretion be increased in the body, the combustion of the carbohydrates is correspondingly increased. Although this is not universally successful, yet it is in the right line, and such a course must subsequently be adopted as a successful measure.

For twenty years in the treatment of tabes dorsalis the animal extracts have been counted as the most efficient restorative measure. Dr. Starky says that he prepared an extract from the thyroids, parathyroids, the ovaries of sheep, and the testicles from sound cocks, with the pituitaries of sheep. These he crushed in glycerine and filtered, and injected the product.

In the treatment of every condition where the cells were inactive or destroyed, he obtained good results. This, especially, in the treatment of the above disease. In a number of cases in which he used it the patients were completely cured.

He reports six or eight very interesting cases where the tabes, with all characteristic symptoms, were present, and the patient succeeded in becoming physically active, and, in some cases, entirely cured.

In the treatment of tuberculosis, Dr. Bayle, of France, gave hypodermic injections of an extract from the spleen. In some cases he gave of the raw pig spleen in a syrup, equal to a tablespoonful, four times a day. The result was an improvement of the general condition of the patient. In some cases the cough and night sweats disappeared, the red blood cells were increased, as were the white cells, also. The doctor believes that tuberculosis is a splenic insufficiency, and that treating the spleen is a very important factor in the treatment of this serious condition. He claims out

of quite a number of cases to have cured all first degree cases, and 75 per cent. of all cases he undertook, some of which were very far advanced.

A supra-renal tumor was found in one case where there was abnormal development of the external genital organs. A number of cases are reported where the sexual character of the growing child was abnormally developed, where there was disorder of the structure of the supra-renal glands. In one case there was tuberculosis of these glands and diabetes followed. In fact, several cases are reported in which there was thought to be tuberculosis of these glands with diabetes.

Experiments have shown that an extract of the adrenals will control the flow of the pancreatic juice, and in some cases, it is proven that an undue production of adrenaline has preceded diabetes.

In the treatment of asthma, a number of quotations are made from the use of adrenaline with success. One author had success in every case; another had excellent results in spasmodic cases, and good results in all cases. The remedy will also shorten whooping cough and benefit certain cases of cardiac dyspnoea. A number of cases of vomiting of pregnancy have been controlled with adrenaline, but observations concerning this agent have covered a field too broad to be fully considered in this article.

Conflicting reports are made concerning the use of an extract of these glands for the treatment of exophthalmic goiter. A writer in the London *Lancet* cured a seriously relapsed case with this remedy, and other very favorable cases are reported.

Sajous, in summing up the value of the use of an extract from these glands, mentions Addison's disease, toxemias, surgical heart failure, capillary hemorrhage. He believes it will yet prove of advantage in heart weakness, with dilatation of the right ventricle, with dyspnoea and cyanosis, in asthma, to prevent the paroxysms, and especially to prevent the reappearance of effusions after the patient has been aspirated, and in exophthalmic goiter.

The field for the use of the thyroid gland is a wide one. It seems to exercise an important function in regulating, in a subtle manner, the functional mechanism of the organs of nutrition, growth and development.

In Grave's disease with emaciation, hunger, thirst, polyuria, diarrhea, vomiting, sweating and nervous symptoms, with increased rapidity of the pulse rate and raised blood pressure, we have a train of sypmtoms which have been produced by excessive thyroid medication, Dr. Waller, of Birmingham, says. He believes the thyroid acts by its power of influencing other organs, also. There are certain cases of obesity that have been cured in a striking manner by this remedy, but it is those which, he thinks, are due to ovarian origin. Those cases of obesity, due to overeating, will not be benefited. Certain cases of myxedema are cured by this remedy.

The same writer thinks that thyroid extract has an antagonistic influence upon the pancreas, and he thinks this remedy, like the supra-renal extract, will sometimes have a suppressing influence on the pancreatic

secretion, as glycosuria may occur where too much of this remedy is taken. He is positive that it increases blood pressure, notwithstanding other theories to the contrary, provided there is no trouble with the heart. If the heart is wrong, the effects will be bad, indeed. Where the heart is fatty, and its muscular structure feeble, where there is dilatation or valvular disease, or the vessels atheromatous, the blood pressure already high, the remedy is a dangerous one.

Conversely, to its use in obesity, where a child is poorly nourished, there are some cases in which very small doses of the thyroid continued with caution as long as benefits result, will be found exceedingly valuable.

The author believes that thyroid treatment should never be used in tubercular patients. If we will compare the symptoms which are given for Graves' disease, we find a striking similarity, and this fact is a conclusive argument to the writer that this remedy should not be given, especially as tuberculosis is a common ending for Graves' disease.

Where there are evidences of hyposecretion, such as restlessness, sleeplessness, sluggishness, neglect of routine duties, forgetfulness, a general dullness, this remedy should be used. This condition sometimes leads to cretinism, slow growth, eczema, infantile obesity, and, in girls, chlorosis and amenorrhea; some forms of epilepsy, hysteria and melancholia are caused by it. Small doses cautiously continued are always necessary.

The field of action of the pituitary gland is an astonishingly wide one. It controls, without doubt, to an extent, the various functions of the body, especially the growth and development of the sexual organs, and it is intimately related with the function of the supra-renal glands. When this gland has been removed in animals there is an arrest in growth, disturbance of nutrition, serious injury to sexual functions, internal weakness, the animal becomes dwarfed, and there is atrophy of the glands.

The disturbance is not in this gland alone, but it is plainly evident that the function of the other endocrinic glands is materially impaired also. The symptom-complex of hypopituitarism is very similar to that of deficient thyroid of thymus gland influence. There is considerable authority in German literature for the belief that diabetes insipidus is caused by an over-secretion from this gland. One patient who died apparently from this disorder, was found to have cancer of the pituitary body.

There is one extract, secreted by the pituitary gland, that causes diuresis, strengthens the contractions of the bladder, uterus, intestine, stomach, gall bladder and bronchial muscles, dilates the pupils, acting just the contrary to that of adrenaline. It causes prompt bowel movements by stimulating the muscular activity of the bowels and overcomes uterine inertia.

When the thyroid gland is removed before death, changes are found in certain cases to take place in the pituitary body. These are enlargement, deposit of a colloid substance and increase of hyaline bodies.

The pituitary extract is used in labor where the pains are very feeble,

where the muscular exhaustion is apparent. Its influence is exercised without injury to the child. It shortens the labor also. In a number of cases where it was used during abortion, severe syncope followed. It does not produce the pains, but it strengthens those that are occurring. It is not counted as yet an absolutely certain remedy. It is advised in placenta previa because it not only controls muscular action, but it prevents hemorrhage. However, it should be avoided in abortion and premature labor, as the contractions it sets up are usually too greatly prolonged.

After surgical operations, where there has been shock and exhaustion, a German writer advises it as producing a satisfactory tonic influence.

Another German writer used small doses of the extract, associated with the calcium carbonate, in five cases of rickets in infants. In less than two weeks all five were able to stand upright and walk. They increased in strength and weight, the improvement being highly satisfactory.

Pancreatic extract had been used for some years with the hope that it would ultimately be found to control diabetes. As there is much doubt yet as to the full function of the pancreatic gland, there are none of these ductless glands that demand more and closer observation.

As a cause of diabetes mellitus, diseases of the pancreas does not hold the place it once held. A recent German writer, Minkowsky, disagrees with Von Noorden, holding that the disease is a failure to utilize the sugar that is in the system, —owing to a deficiency not only in the pancreatic secretion, but a failure also of the ductless glands to properly co-ordinate, a lack of hormone balance. Yet he believes the most of the blame is to be thrown upon the pancreatic gland.

It is more than likely that not only the pancreas, but the adrenals, the thyroid, parathyroid and pituitary bodies have a marked influence on the carbohydrate metabolism.

A woman who died from extreme diabetes showed on post-mortem the pancreas greatly reduced in weight, edema of the thyroid, the pineal gland loaded with colloid drops, the supra-renal glands spongiocytotic and the ovaries greatly atrophied.

Concerning the ovarian secretion, there was at one time a great deal of argument in favor of the use of this organ in a dried form, and it certainly would produce beneficial results when carefully given. At present but little is said of it. This should be studied in reference to its correlation to the other ductless glands. It controls the nutrition of the uterus and stimulates the functional activity, without doubt, of the reproductive organs, especially in the female. A German writer has given the ovarian extract, with iron, in chlorosis, amenorrhea and dysmenorrhea, with satisfactory results. There are some cases, where the ovaries have been removed, the patients nervous, very excitable, and on the border of sexual neurasthenia, in which in my own observation the ovarian extract has acted as a stimulant and upbuilding remedy of peculiar benefit.

The function of the corpus lutem, of the thymus gland, of the pineal

body and of extracts of the prostate gland, with that of the lymphatic glands, and mesenteric glands, as well as the carotid gland, are all being studied with an idea of determining a sufficiently exact knowledge of their influence to add them to the other ductless glands, as exercising a beneficial therapeutic or restorative influence. In our own opinion, the individual field of these glands is not wide, but it is exceedingly important.

To close with these facts before us I ask you, shall we add these organ extracts to the Eclectic materia medica?

DISCUSSION.

Dr. Wilmeth: I have not enough information in regard to this subject, but feel the importance of investigation. Without careful trial, we can not tell of their value. I do not believe, however, that they will displace a single one of the remedies we know. They are the same to-day as when they were first marked out, and I think it will be the same with these. My attention has been called very favorably to them, and I am sure they will open additional remedies to our service.

Dr. Wimer: Where can we get these remedies?

Dr. Ellingwood: Investigators are objecting to them because they are entirely proprietary so far, and these proprietors have given them names that are very disturbing to our nomenclature. The big packers are making them—Armour and Swift. They make them and put their own names to them, and this is going to confuse our terms.

THE CAUSES AND TREATMENT OF NAUSEA AND VOMITING.

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Vomiting is considered merely a symptom of some bodily ailment, yet the morbid condition is of such a character that it will merit a definition and may be described as, a forcible expulsion of the stomach contents through the oesophagus and mouth, with continued efforts in this direction, in irritation of the viscus, whether this cause be local or sympathetic.

The stomach is emptied of its contents by mechanical pressure, brought about by a simultaneous contraction of the diaphragm and the muscles of the abdomen. If, for any reason, the cardiac orifice of the stomach does not dilate at the same time that contraction takes place, the effort is ineffectual and distressing, and may be repeated any number of times. Accompanying these efforts to empty the viscus there is more or less nausea, and constant retching is a feature.

The nerve center from which the motor impulse is transmitted to the muscles of the diaphragm, stomach and abdominal parieties, is situated in the floor of the fourth ventricle of the medulla, and is usually excited to action through the irritation of certain afferent nerves that act directly upon it or indirectly through the brain. The respiratory center is thought to be located very near to the one above referred to, as the act or movements noted in vomiting markedly modifies the respiratory movements.

If vomiting is produced through the medium of the nerves of special sense, the act is through the medium of the brain; for example, the

sight of an object that is disgusting, a disagreeable stench, or unpleasant taste, and even the thought of some unpleasant scene or subject, may excite nausea and vomiting. A disturbance or shock to the brain or its membranes, as is experienced from a blow on the head, will often produce vomiting, as will morbid intracranial conditions, such as tubercular meningitis, cancer, the presence of a blood clot or tumor, and degeneration of the brain substance.

Several acute diseases are ushered in with persistent nausea and vomiting; in this connection may be mentioned scarlet fever, measles, typhoid and typhus fever, and other infectious diseases especially noted in nervous children.

Certain parts of the body supplied with exceptionally sensitive nerves, if subjected to titillation, will provoke vomiting in individuals of a highly nervous disposition; this may be demonstrated by tickling the soles of the feet and the fauces and root of the tongue with a feather or finger.

The effect upon the stomach when distant organs are diseased or in a state of irritation may be accounted for by the fact that besides the sensory branches of the vagi distributed to the organ, it is also supplied by branches of the sympathetic system from the fact that reflex vomiting will follow irritation of certain sympathetic nerves after the vagi has been divided.

Causes of nausea and vomiting other than have been mentioned are morbid conditions of the stomach, such as irritation and inflammation of its structure, cancer, ulceration, the presence of a tumor in the walls of the viscus, or in some adjacent organ, that compresses the stomach. The most common exciting cause of the expulsive act is the presence in the stomach of some offending material that the digestive organ can not take care of, whether it be liquids or solids. Not infrequently the stomach contents undergoes fermentation, producing gaseous distention to the extent that retching and vomiting is excited. Owing to the local disturbance of the circulation and the violent compression of the stomach by the diaphragm and abdominal muscles during fits of coughing in whooping cough and advanced stages of phthisis pulmonalis, retching and vomiting is often provoked. Hepatitis and the passing of a biliary calculus is very likely to be attended by nausea and vomiting, the vomiting center becoming excited through the irritation of the branches of the vagi and sympathetic that supply the liver and bile ducts.

In certain affections of the stomach and bowels, nausea and the vomiting of food, and the lapse of time that this takes place after eating, is of marked diagnostic value. It is said by some clinicians that vomiting soon after meals indicates morbid states of the stomach, but, should it take place an hour or two after eating, the cause can be sought further down the intestinal canal, especially if the act is accompanied with more or less pain. This may hold good in some dyspeptic conditions, but not in the majority of other ailments of the digestive tract. In chronic gastritis, except in

cases caused by alcoholic excesses, nausea and vomiting takes place soon after eating; the nausea is especially persistent and is attended by eructation of gas. If due to the continued use of alcohol, the nausea and vomiting is more likely to occur during the early morning hours.

Irritation and spasm of the pylorus, which is usually produced by ulceration, nearly always excites emesis. The act is due in part to a pure neurosis, and also to slow digestive disturbance. The clearing of the stomach by lavage usually relieves the distressing symptoms for a time, or until food is again taken. The stomach should be washed out with quite warm, normal saline solution, followed by five grain doses of bismuth or oxalate of cerium, taken dry on the tongue with a few sips of hot water after it. To stop vomiting in these cases the ulcer causing the trouble must be treated and the stomach given rest in so far as possible by rectal feeding.

The following prescription has been found efficient:

℞ Spec. med. Aconite .....gtt v.
Spec. med. Amygdalus .....gtt xx.
Spec. med. Hydrastis .....gtt xv.
Aqua Dest., q.s.....fl. ℥ iv.
M. Sig., a teaspoonful every hour or two as the case in hand may require.

Salol in six grain doses given in milk once or twice a day on alternate weeks will prove effective treatment in these cases, the patient being kept at rest most of the time. The diet should be light and composed mostly of farinaceous food, gruel, soup and milk to which lime water should be added. In the most persistent cases nutrient enemata should be administered, giving the stomach as much rest as possible.

One of the earliest and most prominent symptoms of strangulated hernia is nausea and vomiting. The same may be said of obstruction of the bowels from any cause. Relief is obtained in the former condition by taxis, or through operative measures, if this course fails, and by high enemas of quite warm, normal saline solution, or by operation, seeking the obstructive medium and removing, if possible, in obstruction.

The vomiting in peritonitis is relieved by repeated small doses of acetanilid—three grains, every hour, taken dry on the tongue with a sip of hot water after it, or guaiacol carbonate in two or three grain doses, every hour or two, dissolved in a tablespoonful of hot water. This drug will be especially efficient if the intestinal tract is distended with gas and much pain produced by percussion and pressure. Mild cases may be controlled by frequent doses of the following mixture:

℞ Spec. med. Aconite .....gtt x.
Spec. med. Ipecac .....gtt iii.
Spec. med. Amyagdalus ..... ℥ ss.
Aqua Dest., q.s.....fl. ℥ iv.
M. Sig.

The peritoneal inflammation being the cause of the continued vomiting, its control is necessary to relieve this distressing symptom. To this end one to two drachms of guaicol added to an equal amount of glycerine painted over the surface of the abdomen once or twice a day in cases showing a temperature of 101° F. and above, will bring down the fever, thereby lessening abdominal tenderness, nervous irritation and gastric disturbance.

Eyestrain occurring in neurotic individuals will often provoke persistent vomiting that at times will prove unmanageable, except that the defect be overcome by giving the eyes rest, the wearing of proper glasses, and the administration of such nervine remedies as the individual case will require. In this connection it will be well to consider the action of gelsemium, rhus tox and the bromides; especially the bromide of strontium, dilating the pupils with sulphate of atropia will bring prompt relief in some cases, and its use should be continued until the sympathetic irritation has subsided.

Hyperacidity accompanying dyspepsia will provoke nausea and vomiting of a thin acid fluid, giving rise to a morbid state of the stomach known as "Water Brash," or pyrosis. Correcting a faulty diet and the administration of peptics, bicarbonate of soda and carbo-veg. in three to five grain doses will usually bring about a cure. Lime water in milk will prove beneficial, especially in children. Constipation that usually accompanies this digestive disturbance is best relieved by frequent sips of an infusion of cascara bark. This is made by adding a tablespoonful of bark to a teacupful of boiling water.

The *one best prescription* for the vomiting from atony or inertia of the stomach is a small teacupful of *hot* water in which a half teaspoonful of ground mustard is added. The second dose is seldom required. Several years ago the writer was called to prescribe for a young woman who had been retching and vomiting all day from some unknown cause. She was physically exhausted, with weak pulse, retarded respiration and cold extremities. It was thought best to clear the stomach of the repeated accumulation of a foamy mucous fluid, and the above mustard infusion was given and a slop jar placed near at hand to be ready for the expulsion of the fluid swallowed. This was not needed, for, to the surprise of all, she turned over on her side and went to sleep with no return of the gastric trouble on awakening. In consultation in a similar case as the above, the same treatment was advised. The physician remarked, "Why should the patient be given such an active emetic when she has been vomiting for hours?" The answer was the urging to try the remedy, which was complied with, and was followed by rest and sleep and prompt cessation of the emesis. Should it become necessary to repeat the dose, it should not be given until the lapse of an hour after the first one was taken.

Nausea and vomiting accompanying cholera, cholera morbus and cholera infantum is due largely to overfeeding, fermentation of food and gaseous

distention of the stomach and bowels. Outside of treating the disease in its many features there is always a demand for relief of this one prominent symptom. It will be well to clear the stomach of all offending material at the outset by giving a draught of *warm* mustard water, followed by sips of ice cold ginger ale, infusion of peach bark, infusion of cloves, and teaspoonful doses, frequently repeated, of the following mixture:

℞ Hydrocyanic Acid (Dil.).....3 j.
Cherry-laurel water.....ʒ j.
Aqua Dest., q.s.....fl. ʒ iv.
M. Sig.

In cases of collapse, iced champagne in three or four drachm doses every half to one hour will be gratefully received by the patient and will prove curative. Most of the above named medicinal agents, in appropriate doses, will check vomiting in cholera-infantum, being governed, of course, by the symptomatic indications in the individual case. The action of ipecac and neutralizing cordial in small and frequently repeated doses will prove curative in this disease where the tongue indications are present calling for these medicinal agents; the organ is contracted, or elongated and pointed with reddened tip and edges and papilla prominent.

Do not fail to administer cocain in extremely irritable conditions of the stomach and painful ulcer that excites persistent vomiting. This active agent should be given in from one-thirtieth to one-tenth grain doses, two or three times a day in pill or capsule followed by a sip of some bland fluid, usually infusion of peach bark or rice water. Bismuth and oxalate of cerium in from one to three grain doses taken in capsule will often control emesis in these cases.

For the vomiting of old topers, give spoonful doses of iced champagne. Bismuth, calcined magnesia or hydrocyanic acid, dilute, in one or two drop doses in a half ounce of ginger ale, or ice water, also frequent sips of clove tea. Nux is also useful here.

Emesis encountered in dilatation of the stomach is usually controlled by washing out the viscus with quite warm, normal saline solution, minute doses of capsicum and frequent sips of lime water. The last named agent is especially beneficial in cases showing hyperacidity, and most of these cases show this condition in a greater or lesser degree. Fowler's solution in minute doses is also commended in these cases. To prevent a return of this persistent symptom food should be withheld for a certain time, and when given it should be in fluid form and in small quantities, or the feeding should be by rectum.

The accompanying nausea and vomiting of sick headache, which is usually of a bilious nature can generally be controlled by sips of *hot* mustard tea, clove tea, ginger ale, minute doses of nux when the tongue indications for this agent are present. The tenth of a grain of calomel every hour for four or five doses and sips of carbonated water. Enemas of quite warm salt water will also prove beneficial. The patient should be enjoined

to rest in bed and to refrain from all food until such time as the stomach is in a condition to take care of it.

The vomiting due to obstruction of the intestinal tract, from any cause, can not be relieved even in slight degree with medicine. To relieve this distressing condition which is, of course, entirely sympathetic, the obstructing medium must be sought and removed surgically, when possible. Cerebral tumors and abscesses, when found to be the exciting cause of emesis, demands surgical intervention when the physical condition of the patient justifies this course.

When persistent coughing provokes vomiting give teaspoonful doses of the following mixture:

℞ Sulph. Morphia .....gr. i.
Tr. Capsicum .....gtt. x.
Chloroform water q.s.....fl. ℥ iii.
M. Sig.

In cases where purulent fluids are raised from the stomach, giving rise to the suspicion that a gastric abscess or ulceration exists, five to ten drops of phenic acid or guaiacol can be added to the above prescription with much benefit.

The control of vomiting in pregnancy often taxes the therapeutic skill of the experienced medical man to the utmost. The morbid condition is the result of an irritation of the uterine branches of the sympathetic system of nerves and differs in severity in women thus afflicted. Observing the symptoms carefully will often point to the remedy most needed in the individual case; thus hyperacidity should be overcome with bicarbonate of soda and willow charcoal. If there is an excess of thick glairy mucus thrown off when vomiting, alternate with the above agents, cerium oxalate or bismuth subnitrate in three to five grain doses taken in pill or capsule. In cases where the continued nausea markedly interferes with digestion, ingluvin in from ten to fifteen grain doses before meals will prove of marked benefit. The patient often has a craving for some certain kind of drink or food, which if allowed her in suitable quantities will quickly stop the vomiting. Acting upon this suggestion, the writer has often seen prompt relief follow frequent sips of iced champagne, cold beer, ginger ale and carbonated water. An extremely bad case that would not yield to any form of medicine previously administered, was controlled by eating freely of popcorn. Moderately dilating the uterine neck in extreme cases of irritable uterus, has often controlled vomiting, as has painting the cervix uteri with a two per cent. solution of cocaine or four per cent. novocain solution. Care should be taken in using the latter agents that toxic conditions do not supervene.

The many causes of nausea and vomiting that the writer has mentioned does not constitute, by any means, every morbid condition that may excite emesis, as the sickening act is often provoked by trivial ailments in

exceptionally nervous individuals. However, the remedial means suggested in this paper for the control of vomiting will prove effective in most cases whatever the exciting cause may be.

INTRA-UTERINE IRRIGATION.

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There are differences of opinion among the profession as to the advisability of this treatment, especially as a routine measure. While I was asked to write upon this subject as it applied to parturition at full term. I can not refrain from speaking upon the subject as it applies to premature labor, in both classes, of course, applicable to post-partum cases.

As a routine measure, I am opposed to this kind of treatment. In carefully selected cases it may be beneficial.

In such cases of infection of the uterine cavity where there is not free drainage, their use is admissible, especially if there be a thick, tenacious mucus that is retained in the uterine cavity.

In cases following a currettement for chronic endometritis, intra-uterine irrigations may be used, although, owing to lack of facilities, applications of remedies on swabs will result better.

In cases with absence of fever or other complications, of course no treatment of this kind is instituted. The indications for this treatment, then, would be a foul discharge with passage of pieces of afterbirth or membrane, a gradually rising temperature, with accompanying symptoms of septic infection.

In such cases the question arises, Shall we use a curette in conjunction with or preceding irrigation? I believe it wise to remove these placental remains with the curette, if necessary. This should be done gently, as it is essential that we do not abrade the endometrium during this procedure and thus open up a new field for the absorption of septic products.

In fact, I believe the character of our technique in these cases will have much to do with our results following such treatment. Our care in asepsis, both of instruments, field and hands, will be essential to success. As to whether a general anesthetic will be necessary will depend upon the character of the patient. In most all cases none is necessary, but in the more nervous type a hypodermatic injection of morphia and atropia is essential to prevent nervousness and shock to the patient.

In postpartum cases where we have cleaned out the uterine cavity thoroughly, it may be necessary to follow up with daily intra-uterine irrigation, especially if puerperal fever follow and there is a foul odor to the lochia.

I have known instances, however, where the fever was prolonged by irrigation. Each treatment seemed to produce a shock with a chill, followed by fever. When the irrigation treatment was stopped the fever ceased and the patient recovered promptly.

In puerperal sepsis where curettage has been done, it is not wise to resort to a second curettement; neither is it wise to use irrigations should you find the symptoms apparently aggravated by this treatment. The less we meddle with the endometrium in many of those cases the better results we will have.

In cases where the uterine cavity has been thoroughly cleaned out and our irrigating fluid comes away each day with little contamination, and yet the fever continues on its unabated course, it indicates that the poison has entered the lymphatics and our cleansing agents will do but little good. We will, in such cases, have to depend on constitutional remedies.

I remember operating on a case of puerperal sepsis that had existed for several days. We thought that evacuating pus and drainage would save the patient but it did not. Upon opening the abdomen and inspecting the uterus we found the lymphatic tracts over the uterine body literally filled with pus, showing the fact that the lymphatic system had been poisoned with streptococci. Since then I have operated on other cases of this kind by opening the cul-de-sac and draining them, but with poor success, although this is recognized by well-known authorities as the proper treatment for puerperal sepsis.

The manner in which intra-uterine irrigation is used is very important. In addition to careful asepsis, the character of fluid used and the temperature of the same will be of great importance. A half gallon of normal saline solution of body temperature is the best, although a mild alkaline antiseptic may be used in place of saline.

Be sure that the fluid drains from the uterus as rapidly as it enters. In cases following normal delivery there is no trouble in this respect, but in premature labor a return flow of some kind will have to be provided. For this purpose small rubber tubes may be used, one being longer than the other. These may be introduced without abrading the endometrium, which makes them advantageous. As to the frequency of the treatment, Dr. Henry Weil, writing in the New York *Medical Journal*, says: "It is better to err on the side of too many, and in some cases continuous irrigations may be advisable. With milder cases hourly or two hourly irrigations should suffice."

The irrigator should be placed just high enough to create a flow so that no unnecessary force is used.

DISCUSSION.

Dr. Friedman: What would you do in a case like this? Eight days before she expected her confinement, a patient came to me saying that she had strange feelings. When she stood, the child would fall down; when she lay down, the child would fall back. I told her the child was evidently dead. A few days later she came to me, saying that she was going home, a twelve mile drive into the country. I noticed several indications, and told her to go to her mother at once (in the same town), as labor was commencing. Shortly afterward she was delivered of an eight months' child. It was very much degenerated, the skin sloughing off. I irrigated

in twelve hours for fear I would have infection and lose her. I continued this for twelve days and had no trouble.

Dr. Baird: It would seem to me that the douche was unnecessary in this case. I always rely on the odor of the discharge. When that characteristic odor is found, then it is time to get busy, but I should say the above case is the place, if any, where the douche is not needed.

Dr. Thomas: I do not say that the douche was bad treatment in that case, but I think nature would have taken care of it. I have had two such cases where the baby was dead, and both got well without douches. Nature is the best doucher there is. The odor is the sign I go by.

Dr. Lambert: I had a case like Dr. Friedman. I left her alone and she was up doing her work in seven days.

Dr. Severs: This question is a much mooted one. For twenty-seven years I have been going to conventions, and we were discussing this question at the first one. I have been using douches, where I thought they were needed. I am a believer in it when the odor shows infection, but where I think there is infection I do not wait for it, but keep my patient clean. I have had miscarriages where the foetus was dead, but they were mostly syphilitic cases, and the patient got on all right. Unless there is infection, though, I do not think douches are required.

Dr. Best: I would suggest that in mild cases of infection, when the odor is beginning to be pronounced, and the temperature is rising, that you use chlorate of potassium. This will prevent a recurrence of the symptoms and take care of mild cases of infection.

Dr. Stevenson: Do you give the chlorate as well as the douche? It goes as well, if not a little better. I have used this treatment, and never had better results. It works constitutionally as well as locally, especially where you get that distinctive odor.

Dr. Helbing (closing the discussion): I very much appreciate this discussion. In regard to the dead foetus, my experience is the same as the others. The patient gets along very well without the douche. However, if you think there is any skin in the uterus, clean it out. If you have reason at all to suspect this, get busy and keep your patient clean.

PRACTICAL METHODS FOR THE EDUCATION OF THE PUBLIC.

Edith Lowry Lambert, M.D., St. Charles, Ill.,

Author of the standard books on sex education.

The practice of medicine to-day and the practice of medicine yesterday are vastly different. In days gone past the old family physician was called on only in times of great stress—at births and at deaths. Considering his long rides and the extent of the territory he had to cover, it could not be expected that he would take much interest in affairs of the community. But with the increase in the number of physicians in proportion to the population and the trend of modern medicine to give especial attention to preventive measures, especially hygiene and sanitation, it is becoming more and more necessary for the physician to assume the position as teacher of public health. The one who now limits his activity to the treatment of disease is neglecting a great opportunity and is not doing his full duty to the community.

A few years ago a merchant used to depend upon the quality of his goods for their sale. Now he depends wholly as much upon advertising. In every business the necessity of advertising is now understood and given its proper consideration. Physicians have felt that advertising was beneath their professional dignity. Patent medicine men and fakirs have not been slow to take advantage of this attitude on the part of the medical profession. They have spared no effort in educating the people to the superiority of their treatment over that given by the ordinary physician. They have presented their side of the question, and even have grown so bold as to openly criticize physicians.

Naturally when only one side of a question is presented to the people, while those of the other side remain quiet, the result is that the people believe the side presented to them. The further result is that physicians have to compete for a living with fakers and unscrupulous advertisers. Furthermore, the public is deluded into trying all manner of treatments whose chief value is in the extraction of money from the dupes. One duty of the family physician should be to protect his patients and their families from the wiles of these vultures.

Quite recently the women's clubs of various cities have taken up the matter of education of the women as to the manner of right living. They have established mother's clubs and parent-teacher associations, one of whose objects is to educate the women so that they may care for the health of their families. One proprietary medicine company early took advantage of the desire on the part of women to learn more concerning their health, and sent lecturers into the field, who gave free health talks to women's clubs, church societies and other organizations. Of course, their seeming philanthropy was only a means of securing names to whom to sell their goods, but the gullible public bit, and the company has grown to affluence. Within the last years since the recent agitation for instruction in matters of sex, this company (The Viava Company) has taken advantage of the wave and prepared lectures on this subject which are given free to the still gullible public..

We, as physicians, have stood back and allowed these enterprising people to push us aside until we are in danger of being regarded as back numbers. It is time we woke up and met the enemy on its own ground.

The American Medical Association has realized this fact and last year sent out lecturers to women's clubs without expense to the clubs. No doubt a great deal of missionary work has been accomplished by this handful of lecturers, but there is a crying need for more work on the part of every physician. It should not be left entirely to a few but should be taken up by everyone. If the family physician has not the time nor the faculty of giving public lectures, he at last could aid some local organization in securing a competent speaker. Get the churches, the women's clubs and the men's clubs to join in a campaign of public education. Have a well outlined program, take up the needs most vital to the individual com-

munity. Among the subjects most needed in the average community are sex instruction for the young, ventilation in the home, the care of babies with especial attention to their diet. Any of these could form the basis of a well organized campaign. Besides the lectures, the physician should make a list of magazines and books that would be especially helpful to his patients. If possible, keep a copy of each in the office and have circulars or descriptions of the others. Among others, should be books on the care of mother and babe, the care of the sick in the home giving the nursing of common diseases, books on sex instruction that will aid the mother in her work with her sons and daughters. Many of the good magazines have departments in charge of experienced physicians. We are inclined to confuse the health department with the beauty department but this should not be so. Unless one has investigated this phase of the work being done by some physicians, he has no conception of the vast amount of good that is done by these magazines. Mothers write more freely to the health editor than they will talk to the family physician. In fact, they feel that the health editor having nothing to gain by her advice will be more likely to give the correct advice. Some people have the idea that many operations are not necessary but only advised because the physician wants the fee. These people often are influenced by the opinion of a stranger. There is no limit to the amount of good that can be done by a conscientious health editor. She should be upheld by every physician for she is his good friend. In many cases the inquirer is advised to go to the family physician. In no cases are drugs prescribed, only those simple hygienic measures that might be given by any nurse and which should be known by every mother.

It is time we as individuals and as an association looked this matter of public education squarely in the face and outline and carry out a campaign of public health instruction. Then, with both sides presented, it is not hard to guess which the reasonable public will choose.

DISCUSSION.

DR. WILMETH: I am glad to have this question brought before our profession. In some States it is true that the subjects indicated in the paper are being agitated, and that people are being educated in regard to medical advertising. The matter is up to us. We should get between the people who desire knowledge and the medical advertisers. We must do it. We are being accused, and perhaps with reason, of not taking enough interest in very vital matters. Think this over when you read this paper.

DR. ROBINSON: I want to bring an important development in the question before this body. The women of our towns, club women and church women, are getting instructions from the Allopaths. They go before bodies of the women with medical talks on the care of their children, the sanitation of homes, etc. I am not a speaker, as you can readily see, but I am doing what I can to instruct our women on Eclecticism. The A. M. A. gives this instruction as one of their policies—why not we? If the women are misled, they are not to blame. These Allopathic doctors even go into the country and hold meetings with the mothers, and tell them about their work.

Dr. Best: This is one tentacle of the A. M. A. that will do us much harm. The women's clubs are going forward and this is a systematic plan on the part of the A. M. A. They know that women are destined to figure not only socially but politically, and that they are doing things that will work out well for the old school. We can not help but think about this. The system worked out by the A. M. A. is astonishing. We see only the political phase, but the social phase is just as important.

Dr. Duren: The A. M. A. will certainly keep us in the background if we do not get busy, and I believe that it is only through a system of education that we will be able to accomplish things.

Dr. Tucker: But we are going wrong to jump on the A. M. A. for doing what we should. I have been often asked to speak to the women, but I have not done as much of it as I should because I was too busy. However, we have been able to do one thing in Oklahoma—we have had a law passed that requires each man to be physically examined before he can get a license to marry. We had a hard time getting this through, but we have succeeded. The women did not object to this but the men did. All this public work is good, and we should be doing more of it. Don't let us jump on the A. M. A. for doing things, but let us get busy and do them, too.

Dr. Daniel, South Dakota: South Dakota has passed that law, and Nebraska also, and other States are taking it up. If you want a thing in your State, pass a resolution in your State Society, then take it up with your legislators. You will be amazed at what you can accomplish.

Dr. Stevenson: The trouble is, we are too busy. We have all had invitations to appear before the clubs and the school children to talk about matters of health, but we are so important that we can not take a few minutes to talk to our women and children and instill some Eclectic principles. This is the main trouble; but we could all give a little time to it. The A. M. A. is after the schools in Fort Smith. We have fine schools, and they see the opportunity. This year the superintendent asked me if I would talk for fifteen minutes at the high school. And I can tell you, fellows, I talked! I said as much in fifteen minutes as I ever did in my life before. I have not talked there since, as the A. M. A. did not like it, but the first thing you know, I'll be asked back there again. We can well afford to devote a little time to the education of the people along our line.

Dr. Lambert (closing the discussion): Dr. Mundy asked, "What do you say when you talk before women's clubs?" I say, talk to them straight. Call a spade a spade. They will welcome it and thank you. You can work through Sunday-school classes, mothers' clubs, school talks, boy scouts, and every sort of social organization. The A. M. A. have men who are going all the time. We should do the same.

THE RURAL SANITARIAN.

Edward K. Lawrence, M.D., Pawnee Rock, Kansas.

There is nothing like getting next to a "good thing," and in these days of political activity we are assured that the "dear pepul" are a "good thing," hence we should get close to them and their habits of living, for these are what largely influence the extent of our professional activities. I would limit this topic by the use of the word *rural* because the country doctor is the fellow who has to do things for himself, his urban brother

being provided with departments, *ad nauseum,* to attend to much of his work for him.

In the matter of sanitation in country life, the doctor must act as a tactful adviser more often than as a scientific coercer, not forgetting, however, his power in this later direction, to be used if need be. It lays within our powers to call the attention of an offending neighbor to a pile of fly and stink-producing refuse in such a way that he will feel that it is endangering the health of *himself* and *his* family; then, actuated by a selfish motive he will clean up, when a dependence on a sense of pride would, maybe, have only allowed bad to have become worse. A very successful way of getting these results, and one in use in our town, is to set aside a day as "clean-up day," when, by a proclamation of the mayor, all are instructed to clean up and place all trash within easy reach of teamsters, who gather it up and remove it, without any direct expense to the owner. If they do not do the work there are ways by which they can be made to do so. This is done regularly in the larger cities, but seldom or never in the smaller places, or on the farms. Start something of this kind in your own community if it is not already being done.

Kansas has a "live wire" in its "State Board of Health," who find out what is good, then tell the people about it by newspaper articles; the discussion of these with your patrons will let them see why *they* should "swat the fly," and then it is only a short course to the point in their education where they will "starve the fly" and his fellow outlaws—the mosquitos, rats, mice, fleas, and the rest of them. The location of vaults, pig pens and such things with relation to the water supply both of himself and of his neighbor, is a matter which can be handled frequently by the family physician in such a manner as to increase the respect of the community for his judgment and thoughtfulness, and indirectly be the means of increasing his patronage.

In the smaller towns you will frequently be asked what is the thing to do about a dirty neighbor or a case of unenforced quarantine, and it is then that a copy of the laws of the board of health will come in handy; with it you can show those interested what they have to do and yet keep out of the fuss yourself. That has happened with me to-day. The mayor sought information as to how to force a man to clean out a nuisance. The work is being done now without any of the hard feelings so much in evidence this morning.

The question of quarantine is doubtless one of the most delicate propositions which confront the rural practitioner. Frequently cases seen in the earlier stages are not well defined, yet their isolation is advisable, and when later an absolute quarantine is required, it is entirely on the judgment of the attending physician that it is established and removed, and to him falls the oversight of the disinfection. If he does not insist on the correct methods very little good will be accomplished by this last procedure, as one or two pounds of sulphur will be burned or a pint of formaline boiled in an entire house and everything considered safe when even the flies and

mice which have inhabited the place have suffered only a slight annoyance by the misdirected efforts, and the disease germs have not noticed that anything had happened.

In conclusion, we would urge all physicians to acquaint themselves with the laws and rulings of their state boards of health, to use all diligence in carrying these out and by precept and example bring their families to a cleaner, and hence more healthful standard of living. In so far as his efforts along this line are successful he shall be like our good friend, "The Village Blacksmith," of whom Longfellow wrote:

"Toiling, rejoicing, sorrowing,
Onward through life he goes;
Each morning sees some task begun,
Each evening sees it close;
Something attempted, something done,
Has earned a night's repose."

SUSCEPTIBILITY.

B. E. Dawson, A.M., M.D., Kansas City, Mo.

In my school work I try to impress the students, with emphasis, ever to remember that there is a patient to be treated, as well as the disease with which he is afflicted. The ego, the X or unknown quantity, in each individual, is a factor which must not be ignored by the therapeutist. He who approaches the threshold of the sacred body-temple, failing to recognize and cultivate the acquaintance of him who dwells therein, invites disaster to his patient and paves the way to his own defeat.

Josh Billings once said, "There is a heap more difference in some men than there is in some others." It is said, God never made two blades of grass alike, neither do we find two individuals alike in every particular. We are carefully trained in our schools and textbooks to read the different types and shades manifested by diseases, but the difference in patients is sadly neglected; yet there is more difference in individuals than in types of disease. I recently read in a medical journal where a young physician carefully observed the treatment his preceptor used in a case of typhoid fever, then followed the same treatment in a case of his own. His case terminated fatally, and he went to his preceptor for an explanation. The explanation was in the difference in the patients and not in the disease.

We all know there is a vast difference in the way we take things, or what might be termed susceptibility, which contravenes perfection in therapeutics, as a science. Every white man exposed to smallpox does not take it, while the negro will take it almost as unhesitatingly as he would a chicken. It is much like the little girl put it when her pastor asked her if she had been baptized. She replied, "Yes, sir, but it didn't take." To illustrate, let us take a dozen boys, all the same age, same weight, same complexion, and all dressed alike. Put them in a room for one hour where there

is a case of scarlatina maligna. Now watch the result. Some of them will have the disease in its malignant form, some the anginose, some the simplex, while part of them will have no symptom of the malady. Why is this? Can you explain it? Some wise owls tell us that those who do not take the disease are in a perfect physical condition, so that the vigorous, healthy body is able to resist or throw off the attack. This sounds plausible in theory, but does it work? Who can tell us, be he pathologist or experienced physician, before exposure, which ones are immune? Again, we often observe in a family afflicted with a contagious disease, the strong, robust child coming down under its ravages, while the more delicate, sickly one escapes. Take Dr. Pratt's illustration of fifty little girls, all the same age, placed in a room and each given a doll. Each doll is a fac-simile of the other dolls. In a short time take these dolls from them and observe how they act. You have done the same thing to each one, but they will not all take it the same. One will fall to the floor, kick and scream; another will go with face to the wall and pout; another will fight; another will laugh at it as a joke, while another will be wholly indifferent. The practical joker does not find his jokes work alike on all men. A number of years ago, when I was in the drug business, I had a lot of fun, inviting individuals with a wink, to come behind the prescription case and sample some very fine whiskey I had just received. I had a dummy glass, with double sides, into which I pretended to pour the drink. It was very profitable and interesting, as well as amusing, to watch the behavior of the ego at the time of the crisis. Most of them saw the joke at once, and joined in the laugh, some had to be cajoled, some argued with or apologized to. One old gentleman, very sedate and dignified, with all the superficial symptoms of a teetotaler, was so incensed, or disappointed, that all the above measures failed to pacify his wrath, and I was compelled to pour the real oil of corn on the troubled waters to save my bark from being wrecked. You have all observed the difference in the way patients behave when taking an anesthetic. Some will laugh, some cry, some sing, some fight, and some go quietly to sleep without a struggle. With some a very small amount of the anesthetic is required, even in a prolonged capital operation, while others must be given large quantities. These illustrations could be multiplied indefinitely, but those given are ample for the purpose of emphasizing the truth I am trying to place before you.

While we have learned from experience the usual effect of therapeutic measures, there are many exceptions, peculiarities and idiosyncrasies which puzzle and defeat us. Ordinarily, a full dose of morphine will put a man to sleep, but now and then we see the opposite effect. I had one patient whom opium would purge. I had another patient who could not eat eggs, in any form; even cake or ice cream containing eggs would produce the most aggravated form of urticaria.

Having cleaned the window of cobwebs and dust, and pulled the blinds aside, we may peep into this body-temple and get a passing glimpse of the

master who dwells therein. He is the fellow we must reach—make him sit up and take notice, if we effect a cure of the disease of the body. He is the one who really does the curing after we reach him with suggestion that will change his focus of attention. He is the one at whom we aim our therapeutic guns. In curing the disease, the ego, the real being who lives in the body, who feels and loves and hates and rejoices and weeps, is the one who receives the suggestion and does the curing. If it is not true our remedies would cure disease and heal sores on a dead man. The tissues are all there—muscles, blood vessels, nerves, bones, viscera, etc., but that which we call life has moved out and left the house empty and desolate.

The ultra-scientific medical world is enveloped in an atmosphere saturated with germs, and we are told, by the powers that be, that we must assiduously cultivate the acquaintance of these germs until we become familiar, yes, even intimate with all of them. We must not only know each family so that we can say, "Good morning, Mr. Smith, Mr. Brown or Mr. Jones," but he must be on such intimate terms that he will say, "Hello, John, Mary, Bill or Susan," as the case may be. If we have not crawled down into the slime of the test tube and associated with these diminutive bugs, all manner of many-footed and no-footed beasts and creeping things, and viewed them through an imported microscope of certain make and dimension, we should not be allowed to pick a splinter from a man's finger or rub Sloan's liniment around his umbilicus, though he be cramping to death with the colic.

Please do not understand, from the foregoing, that I object to one being up to date in bacteriology. I honor him for it, and deeply regret that my Alma Mater could not give me the advantages in this field, now offered by our modern colleges. I do object to an extremist, a faddist; one who is lopsided; one who is so narrow that his two eyes come together and he can see nothing only through a microscope. One may get so much of one thing that he is circumscribed to very narrow limitations. He may be so overwhelmed with one idea as to obscure his vision from all else. When the Roman senate once asked the emperor for flowers he had them showered from above until the room was filled and smothered to death all the senators. One may study bugs until he becomes "buggy."

Our testubic high-brows tell us there are five conditions necessary for the development of germs—heat, food, moisture, a certain chemical condition and a certain gaseous condition. This is true in the laboratory, but many of them fail to recognize or appreciate the sixth condition requisite in the body; that is, the condition referred to above as susceptibility. Germs are around us everywhere—all kinds of germs. All they want is to find a susceptible case. This condition of susceptibility is worthy of our earnest investigation, for it receives or rejects remedies as well as germs. I recently received a letter from a neurasthenic young man, who had been the rounds of quacks, specialists, private institutions, and even the state insane asylum, wishing me to take his case, on what lawyers call, a contingent fee. He

proposed to give his note, payable when he is cured. I gave him three reasons why I could not accept his offer, one being that I did not know his susceptibility. While 75 per cent. of such cases were cured by orificial surgery, his might be one of the 75 per cent. not cured, and I could not tell beforehand. This is why I call it the X or unknown quantity of our patients.

In any given disease, every patient has symptoms peculiar to his individuality. We do not have metastasis in every case of mumps, nor do we have pus in every case of appendicitis. Neither can we foretell with certitude the effect of the knife, medicine, electricity, massage, etc. However, when we recognize that there is such a condition as susceptibility, we have in our fingers the end of the tangled skein. We have caught the key upon which the great therapeutic anthem is pitched. We have learned the alphabet with which we may often spell success. We have put on the armor with which we may win the crown of victory.

OBSTETRICAL HELPS.

H. H. Blankmeyer, M.D., Aransas Pass, Texas.

While any drug that assists a successful labor or makes it less painful is a "help," I wish to refer to non-medicinal aids only.

Massaging, by the pregnant woman, of the abdominal muscles, especially the last three months of pregancy, strengthens the muscles of the abdomen, assists in an easy birth and good contractions after labor, and if the massage is thorough enough to stimulate the intestines, it is better than taking drugs to avoid constipation, especially if the patient will drink freely of water. Massaging of the perineum should never be neglected and it makes very little difference whether the patient uses vaseline, olive oil or a patent medicine at ten times the cost. No argument is necessary to convince any M.D. of its utility to assist the elasticity of the perineum, easy birth of child and to avoid lacerations.

The abdominal binder is a help seldom used before birth, although it assists the prospective mother to carry her child with more ease and makes walking more comfortable. Especially in women with patulous abdomens is it to be advised for its comfort and assistance in better contractions of muscles and more shapely abdomens after birth.

The obstetrical cushion is another help not often used, on account of its bulk and trouble to keep aseptic; but if properly cleansed and dried in the sun, after each confinement, it will be both safe and an assistance, much appreciated by both the mother and nurse and a good advertiser for the M.D. who carries one. When I refer to an obstetrical cushion, I do not mean a Kelly pad with its objectionable drainage sleeve, which can hardly be used in obstetrics without soiling more linen than it protects.

Asepsis. A young physician just from school, with a thorough hospital training, displaying his office outfit, showed me the aseptic linen obstetrical suit he would carry for both his patient and himself; also told me he would shave every women and wash the vagina before birth. That may do in

hospital work but I never heard of him shaving any of his lady patients and using his white linen pants. Clean bed clothes and a clean body with careful washing of your hands and instruments; also of the perineum and vulva of the lying-in woman, by the nurse, with good soap and warm water will insure asepsis.

After birth do not flush the vagina with a syringe. If any attention is needed, in a normal birth, a mild antiseptic disinfectant, like a Pix Creosol tablet, inserted into the vagina three times a day, and daily sponging of the vulva, will be sufficient. In complicated labor, with particles of placenta retained and subseqcent discharges, hot intrauterine douches will be both admissible and beneficial.

Chloroform. Do you use chloroform in childbirth to alleviate pain? I do not, but I do use it, upon request, to alleviate the mental suffering of the patient. I never trust a patient or nurse with a cloth and chloroform bottle as there are various self-applying chloroform inhalers, which with a teaspoonful applied on cotton and allowing the patient to hold it to her nostrils, satisfies the mind and never allows enough chloroform to do harm or stop the contractions. Another advantage of the self-applyer is that if the patient should be susceptible to chloroform, her hold will relax and the inhaler fall before she gets too much; or when a severe pain comes on the patient will drop the inhaler to attend to the more important work of pulling. If you have never used this help, get the habit and, the good will of mothers.

Obstetrical straps. Do you still allow the lying-in patient to use your hands for obstetrical straps, or do you use a bed-sheet or rope around the footboard? If you can not convince your patient she can best do her own pulling, by clinching her hands over the fundus of the womb and bearing down during pains, and she just must pull something, then introduce the obstetical straps, or, if you have none, use a strong napkin or diaper with opposite ends tied together, forming a loop. This placed on the outside of the cover, over the knees, is the best self-help I have used. Necessity is the mother of invention. One real warm summer day, in Texas, a big fat farmer's wife, who had not had her annual bath or spring cleansing of alimentary canal, was helping a primipara, over my shoulder, to pull. Her hot, labored breathing in my face was not as acceptable as from a sixteen-year-old, so this good soul that day became the mother of an invention.

While the strap gives the mother something to do and occupies her mind it also assists the pains and steadies the knees, but, best of all, their use does away with the necessity of the doctor helping, saves his hands in case of necessity for more important work and overcomes the possibility of that good fat neighbor lady pulling over your shoulder and breathing in your face. If you have no obstetrical straps, every home has napkins or diapers. Do not forget your obstetrical straps.

Forceps. It is not necessary for me to tell you of the advantages of

forceps in difficult labor. But is it not a fact that there are more lacerated perineums on account of the indiscriminate use of forceps, that could have been avoided by allowing nature more time to soften and dilate that perineum? Is it not also true that some babies might have been saved if the use of forceps had not been delayed too long? Forceps have their uses and abuses. Do not be afraid to use them when indicated; but shame on the doctor that will, to the detriment of his patient's perineum, use them to save time.

Hot water packs to the perineum, after the water breaks, is very beneficial, saves laceration and facilitates birth. After birth their application for about two hours relieves the soreness of the parts and prevents swelling

DISCUSSION.

DR. LAMBERT: In regard to obstetrical straps, I have tried to invent something of that sort, but never thought of the crupper. I think every doctor should use the obstetrical cushion. Others will use it, and they get the reputation of being better doctors. In regard to the chloroform inhaler, I think the ones that will drop away when the patient has enough are best.

DR. BAIRD: No wonder Dr. Blankmeyer is bald-headed if he does not use chloroform in obstetrics. Life is too short for that. Four ounces of chloroform will last a long time, and will certainly make life easier as you go along. I believe also that more harm is done where no forceps are used, than in the careful use of forceps. I have used chloroform in ninety-eight cases out of one hundred and have never had any bad effects. Then, in regard to the pulling, about 25 per cent. of the women can not pull at all unless they have something over their heads. I do not care whether they pull at all or not. It takes the contractions of the uterus to have a baby, not the contraction of their biceps. I have found that about all that is needed in an obstetrical case is the woman and the baby.

DR. SHARPE: I think this point about chloroform should be emphasized. You say that chloroform is invaluable and cheap, and I do not take exception to it; it is also true that in most cases it is absolutely harmless in labor. I would not want to practice obstetrics without chloroform.

DR. HELBING: In a few cases of kidney trouble I have found that chloroform will aggravate the difficulty. I have not heard much of the new agent, pituitrin. I think, though, that it has given satisfaction to those who have used it. Dr. Tucker, of St. Louis, wrote a paper recently, in which he said he had used it with good results. In those cases where labor stops, it will bring back the pains more quickly than any other agent known to us. If administered hypodermically it will start the pains and bring the baby in a half-hour. I have advised its use in several cases. In one case in St. Louis where I advised it, they had the baby in fifteen minutes. Dr. Tucker said to lock the door before using it, or the baby will get away. I use a hypodermic of lobelia to secure dilation, then use the pituitrin.

DR. PRUITT: In chloroform we find a remedy more faithful than anything else we have. It is in the last few pains that I use chloroform. I do not like too much of it, as after the child is born we have a relaxed condition that invites hemorrhage. I like to be mighty careful in the use of chloroform when the child is being born, and my hands are too busy to give it myself. We have to watch the effect of the drug whether we give it or the patient holds it. Sometimes we can get another physician to do that

for us. In regard to the pulling, I have never used any help of that kind. Straps do little good, in my experience, unless to help the mental condition. If you teach women that pulling is necessary, you will reach your patient to find her exhausted with pulling on the strap, and no progress made. As Dr. Baird says, it takes the contraction of the uterus to bring the baby, and not any other sort of contraction.

Dr. Severs: I give three breaths of chloroform when the pains begin. It is true that it takes the contractions of the uterus to bring the child, but it needs also the assistance of the abdominal muscles. Show women how, and you will save half the time and effort.

Dr. Wimer: We should be careful not to give chloroform to the point of relaxation. I waited on one woman four times in labor, and we had bad hemorrhage every time. The last time I did not give chloroform, and we had no hemorrhage.

Dr. Thomas: This is an exceedingly interesting subject. Women have been having babies ever since Eve had the first one, and they will probably continue. We seem to differ a little about chloroform. I use chloroform myself, and I give it myself. If you give the chloroform, you can not use both hands, but what do you want to use both hands for? The woman is going to have the baby whether you handle her much or not. If you have to make delivery with the forceps, you will need two hands; if you give the chloroform then you can not do it safely, and will have to have some assistance. Women with heart trouble, or albumin in the urine, can not take chloroform, but for a normal woman, if a doctor had to have just one baby, he would never talk again about labor without chloroform. A doctor who uses the forceps carefully will not have laceration. That is one spot where I differ from an old professor of mine, who used to tell us to leave our forceps at home, for fear we be tempted to use them. I got caught in the country once, six miles from home, when I had to send after my forceps, and it taught me a lesson. If you use them right, you will have fewer torn perineums than if you never use them. The most ruptures occur when the shoulders are born. Use the chloroform then, and if necessary, use the instruments, and you and the mother will be happy.

Dr. Duren: I am glad Dr. Thomas said what he did. I certainly think we should use chloroform. God made woman so she can stand child-bearing, and certainly she can stand a little chloroform.

Dr. Amy Robinson: I was sorry to note in the paper or the discussion immediately following it, that you state women will use anything to help themselves. We appreciate the straps and chloroform, and should be allowed to use them as best helps us; but do not say because we are women that we must suffer all that women can.

Dr. Gates: How about H. M. C.? Use chloroform at the last, but I should like to hear this discussed.

Dr. Friedman: Country doctors have many confinements; we often have more babies than crops. Hundreds of them call for this Dutchman, but I have never given chloroform. I use H. M. C. and am delighted with it. I think some one of us do not expect to work at that time. We lie down till someone calls us. I sit down by my patient, and work like she does, giving her gelsemium and macrotys, and sometimes a quinine capsule. The sorest muscle is the one that does the work. We help that, and in three hours we have the baby. I get the medicine ready, and I work hard, and they tell me that they have had the easiest time they ever had.

Dr. Tucker: As a rule we listen with interest and profit to what our brethren of the medical profession have to say, but I have had two children,

and I must say your discussion amuses me very much. If any man here thinks that pulling will not help to give birth to a baby, I defy him to try it and see.

Dr. Blankmeyer (closing the discussion): This has been very interesting indeed to me. I do not wish to leave the impression that I never use chloroform, for I do. I have also used H. M. C. and find it satisfactory.

SYPHILIS.

Charles Woodward, M.D., Chicago, Ill.

The effects of syphilis with its irritant treatment, complicating all subacute conditions of the system, have fooled the majority of physicians and been the source of endless fright to the human race. Physicians have written physiologies which are "the study of the phenomena presented by organized bodies, animal and vegetable," but in treating this disease they have ignored every physiological function. The microscope is employed to determine that syphilis is probably caused by a spirillum called Spirocheta pallida; it is also used to discover some atomic substance in the blood and determine it as phagocyte cells which are supposed to destroy microörganisms. Then, with irritant chemicals, physicians have produced serum mixtures in the laboratories for the purpose of substituting the resisting force of the phagocytes. Think of substituting the vital or phenomenal energy of the phagocyte cells without destroying humoral pathology! Many persons are affected with several perversions before contracting syphilis, and in the twinkling of an eye these serums are expected to destroy the Spirocheta pallida and correct their chronic conditions.

If syphilis is to be rationally treated, every perversion of the system that has not acquired an organic condition must be corrected. The human body is endowed with physiological functions for removing toxins and maintaining a standard organization, but only with the assistance of three solutions, the blood, acid and alkaline. The various phenomena of the body are well performed when the proportions of these solutions are normally poised, but a diet mostly acid or alkali destroys their relationship, their circulation and transudation act as irritants to the nervous system, setting up reflex action that contracts and empties the capillaries. The alimentary canal in individuals thus affected is always in a state of irritation, and, through unobserved reflex action, withdraws the blood from the skin. With the capillaries empty and the skin anemic, the merest tyro can see that an important share of catabolism is obstructed. The circulation is the medium for carrying on anabolism and catabolism, and after it has acquired an organic condition, some imagine they can restore it with atropine. Why don't they overcome arteriosclerosis?

When treating syphilis one should observe to what extent the different perversions have injured the system, and estimate the assistance to be obtained by their restoration, and advantages from maintaining the blood, acid and alkali secretions in their normal ratio. When these circulating

and transudating solutions lose their balance, enervation develops by unrecognizable irritation and reflexes, obstructing catabolism and making it impossible to purify and free the blood of microörganisms.

Physicians should test the difference between the popular but irritant treatment of syphilis by mercury and salvarsan and the non-irritant method which does not break the equipoise of the secretions. It has been found that catabolism is greatly diminished by reflex irritations resulting from their irritant action in changing the ratio of the blood, acid and alkali secretions, rendering it impossible to purify and free the system of infectious organisms. With a non-irritant diet and by medicating deficiencies that do not disturb the natural state of the blood and secretions, it has been discovered that irritation and reflex actions are absent and that catabolism can be made rapidly and permanently to free the system of the spirocheta.

The mercurial and salvarsan method of treatment destroys the ratio of the secretions and by reflex action obstructs elimination. The non-irritant method protects the proportions of the solutions, thus escaping reflex actions and establishing the most favorable conditions for obtaining elimination. Physicians, to my knowledge, have never tried the non-irritant treatment, and therefore know nothing of its merits. I have applied the irritant mercurial and "606" treatment, and discovered that their effect suppresses catabolism. The non-irritant treatment by stimulation eliminates and expels the syphilitic germs from the system and cleanses the blood. Mercury and salvarsan are supposed to kill the germs but their irritant action suppresses catabolism, making it impossible to remove their dead bodies, which remain to poison the blood. This is proved by its advocates who advise a visit to Hot Springs in order to sweat out these germs and irritant drugs.

The blood produces symptoms corresponding with its condition and that of the secretions; for instance, the indications arising from hyperacidity are not those of extreme alkalinity. One of these conditions is always present in the primary, secondary and tertiary stage, and can be corrected by a non-irritant treatment.

Non-Irritant Diet. Raw or cooked foods which should be eaten without or with very little salt are fresh defibrinated, boiled and broiled beef, fresh boiled fish, beef soup and lamb broths seasoned with rice or pearled barley, onions raw or boiled, raw or cooked spinach, turnips, carrots and celery; oatmeal, cornmeal and graham mush with cream; baked and boiled potatoes; white, graham and rye bread, rice, crackers, bread and milk; raw vegetable salads with lemon juice and olive oil; vegetables should never be cooked with meats. Acids from dried and green fruits, such as dried and fresh peaches, prunes, red and black raspberries, ripe cherries and blueberries, stewed and baked apples. These foods do not develop reflex irritations, enervations and perversion of the circulation, nor disturb the ratio of the secretion, but supply material for oxidation and chemicals for generating electrical or vital energy.

Irritant Foods. Foods which unconsciously develop reflex irritation, disproportion the secretions, pervert the circulation, cause constipation and enervation, and inhibit catabolism are salt, salty meats, tea, coffee, butter, granulated sugar, vinegar, pickles, canned foods, pastry, wines and liquors.

When treating those who have or have not taken the irritant treatment, a non-irritant diet should be suggested that will not diminish elimination. The stage of this disease makes no difference as to the treatment, for every functional perversion must be restored in order to free the blood.

Almost all physicians diagnose diseases, determining the malady with all of its complications; but not so with syphilis, as their treatment only shows recognition of the spirocheta, which is a serious mistake. We have seen throats lined with syphilitic sores in every stage of syphilis after having been treated by mercury and salvarsan for more than a year. Here is a perversion, before contracting syphilis, caused by the system performing catabolism through the lining of the throat for years of an infectious exudation resulting in partial paralysis. Such individuals have lost their natural voice from the paralyzing influence of catarrh and the irritant effect of the mercurial treatment. It may easily be seen that an irritant substitution treatment that changes symptoms is only palliative, while a non-irritant treatment which permanently removes symptoms is efficient. Special attention to all complications and local paralysis is necessary for the permanent cure of syphilis.

Treatment. When hyperacidity is present the irritant foods should be proscribed, and a hot ammonia bath ordered every second day, followed with olive oil three parts, alcohol one part. This softens, stimulates, and strengthens the capillaries, acting as a sudorific and helping to control reflex irritations. When hyperalkalinity is present the non-irritant diet is ordered with a large amount of acid fruits; a hot sponge bath every second day with Epsom salts two ounces, phenol twenty drops, hot water two quarts. Sponge off the body and wipe it dry, repeat the wetting and drying three or four times and anoint the skin with the following solution:

℞ White petrolatum .....℥ jss.
Oil of cloves .....ʒ ss.
Tincture of Capsicum .....ʒ ss.
M. Sig.: Apply after bathing.

The system usually exhibits symptoms indicating deficiencies of the blood, as hyperacidity and hyperalkalinity; the former may be modified with the indicated saline remedies, but the latter may be rapidly overcome with acid fruits. Eruptions on the skin or mucosa indicate that fibrine is being thrown out from a deficiency of Kali Mur molecules in the blood. With a febrile condition Ferrum Phos may be supplied; when the glands are swollen, exhibiting infectious invasion, Kali Mur and Calcarea Flour may be alternated and the point of infection controlled by local treatment. The point of infection must be located, whether in the postnasal passages, throat

mucosa, in the rectum or on the penis; in the body of the uterus or on the cervix, on the labia or vaginal mucosa.

Perversion. Throat affections following the contraction of syphilis have been quite difficult to control on account of partial paralysis and frequent reinfections of the system by reabsorption of infectious exudations. Whenever the throat does not respond to the non-irritant diet and medication, the following treatment should be applied:

℞ Potassium bichromate .....1 grain.
Tincture of capsicum .....2 drops.
Aqua q.s.....4 ounces.

M. Sig.: One dram every four hours.

Application.

℞ Oils cajeput.....ʒ ij.
Sassafras .....ʒ ij.
Cloves .....ʒ ij.
Olive oil q. s. .....ℨ ij.

M. Sig.: Apply externally to the throat twice daily; and swab throat with the following mixture:

℞ Distil. Hamamelis .....ʒ ij.
Alcohol .....ʒ ij.
Spc. Hydrastis .....ʒ ss
Spc. Thuja .....ʒ ss.
Aqua Distil. q. s. .....ℨ ij.

When the initial infection is located on the neck or in the cervical canal of the uterus, and accompanied with ulcers, indurations and catarrhal endometritis, the vagina should be kept aseptic and the uterus washed out every second day for two weeks, then every third day with a 50 per cent. solution of peroxide of hydrogen, alternated with a one per cent. solution of lysol. Any other reliable antiseptic may be used. Dehydrating packs with absorbent remedies should be inserted against the cervix after cleansing the uterus, preventing further infection and controlling pelvic reflexes.

When practitioners learn that all infections are the same, though some complicate perversions more than others, and that the function of the physician is to strengthen resistance by a non-irritant diet which controls reflex irritations and promotes elimination, then syphilis will no longer terrify the world.

A WIDE DISSEMINATION OF ECLECTIC PRINCIPLES WOULD BE A BENEFIT TO PUBLIC HEALTH.

M. F. Bettencourt, M.D., Mart, Texas.

We have made a broad assertion. Have we any evidence to uphold it? Being firm believers in Eclectic principles and believing that those principles are far in advance of any others advocated at present and that the practice of them results in a lessened mortality from disease, it is therefore but logical for us to believe that a general acceptance of them by the medical profession would result in much benefit to public health. The question, then, naturally arises whether those principles really are as important as Eclectics think them and whether other observers outside of our numbers, men who may have looked into the subject with diligence, uphold us in our belief. In substantiation of this we must ask that actions, on the part of others, be acknowledged as speaking as loud as words. Men often will do things which they will not willingly acknowledge.

Upon our side we have the noticeable fact that drugs are being selected more and more according to symptomatic indications and that the old, crude method of stereotyped prescriptions for known diseases is justly being supplanted by the more scientific method. This, on a small scale, constitutes specific diagnosis and specific medication, which are the acknowledged basic principles of Eclecticism.

Years ago the adoption of these logical principles began to attract the attention of some of the broad minds of other beliefs. History bears record that "no less a man than the then renowned president of Rush Medical College stated, some twenty-five years ago, that the Eclectic school of medicine had *the method* which must be adopted by the medical profession of the world." "They must all come to it in time," he stated, "for it is the only correct principle." And of the fact that they are "coming to it" you are living witnesses. The advocates of "active principle therapy" have long ago begun "coming to it" and are still coming. Although they may not acknowledge the fact still they practice and are furthering Eclecticism pure and simple. Their excellent success depends on the Eclectic principles they practice. Their acknowledgment of the fact is, after all, a matter of secondary importance. We are desirous not so much of the clamor of selfish fame as of the adoption of those logical, scientific principles which will so materially result in public good.

The evils of the old methods are still in evidence. We can plainly see the evils of commission by those who over-medicate and even more plainly the evils of omission by those who have lost all faith and who consider the practice of medicine akin to the fakir's stunt. In countless numbers there are those who still salivate and ruin humanity's teeth; in fewer numbers there are those who still advocate phlebotomy and who yet do at times rob their patients of their life fluid. On every side extremists are in view. We see the ice man who believes in further congesting an already congested

lung, an already congested appendix and other internal hyperemias by the application of ice and who shocks his fever patient by sousing him into an ice bath. We see the fever man who treats elevated temperatures and not their causes by the coal-tar antipyretics, and who, when the heart staggers under the crushing load, lashes it to death with stimulants and then wonders why it refused to go. We see the fresh air "crank" who cautions the grown-up weaklings in his charge against undue exposure and yet when they begin to fall by the wayside and should the most be protected from extremes, force their heads into the icy elements or contentedly places them, caged within screened walls, in the murderous arms of winter. Aye, fresh air and plenty of it but with it an abundance of common sense!

We see also the exclusive germ man who believes that only the injection of the carcasses of dead germs or of the filth excreted by the living ones is capable of raising the opsonic index in the human blood or increase the disease-combating antibodies. We see him overlook the important fact that anything that tends toward health will antagonize disease by augmenting the fighting forces of the human organism and that health is the great opponent of disease. We see the faddist whose faith is always on the new and yet untried and who totally discards that which time has proven of merit. We see him flying hither and thither after phantom probabilities and fleeing away from realities and then when his chase has ended in naught throws up his hands in melancholic despair, shakes his head in knowing regret and in tones of pathos imparts the wondrous revelation that all is nil.

We see the sophist who with his eloquence advocates theoretical teaching and decries the practical studies in the college curriculum and who would make compulsory such requirements as would favor only the rich to the total exclusion of the ambitious poor. The practical college he would down by a self-assumed dictatorial authority which would legislate as a menace to public safety that institution which teaches good practical knowledge and sound common sense.

On the one side we see this mass of self-pronounced philosophers propounding these notoriety-producing and death-dealing follies; on the other hand we see Eclectic principles decrying them. We see Eclecticism upholding all of their real science, favoring scientific learning, upholding high standards of medical learning but eternally demanding that these standards be practical. It pleads for medical liberty which will grant all men, rich or poor, who have sufficient premedical attainments, an opportunity to receive a medical training if they wish it; it unceasingly teaches confidence in medicine by actual demonstration of the remedial power of drug action; it steadily combats harsh, injurious methods by pointing out mild, efficient ones. It continually decries medical nihilism and eternally preaches the unbounded use of good "horse sense."

In view of these known facts, is it surprising that we should favor Eclectic ways and methods and feel a conscientious satisfaction that although on the side of the minority we are upon the side of right? We

would hardly claim that our methods and principles are perfect or even approaching perfection; yet, is it impossible for anyone who is open to conviction, to see that a world-wide adoption of the good they do contain, would, at the world's present stage in medicine, be of inestimable benefit to public health?

NEURASTHENICS AND ADHESIONS.

E. H. Stevenson, M.D., Fort Smith, Arkansas.

The subject is familiar and needs but little explanation, which readily accounts for its selection as a subject for this paper. It is broad, consequently convenient for blanketing a lengthy catalogue of nervous disturbances not well understood and impossible of other diagnosis. To the modern physician it serves much the same purpose as the hackneyed term so useful to the doctor of the past who escaped many pathologic entanglements by the meaningless diagnosis—"Your liver is out of order." Whatever the ill, real or imaginary, the neurasthenic demands a patient hearing and a thorough search into the perplexities of his never-ending besetment. We say never ending, because they keep open house the year round, are always in the receiving line, and are always ready to regale one with their long and varied list of aches, pains and psychic phenomena. Beginning with the first disturbance each symptom is carefully rehearsed until the last link is sizzling at white heat ready to be welded on to the new ones just clinking from the busy forge of mental creation.

Fortunate the physician who can with patient interest receive the burden and with becoming grace diagnose the disease. Doubly fortunate if in possession of the resources necessary to guide the unfortunate victim from the meshes of his bewildering neurasthenic dilemma. Drugs do not often play an important function in the matter of relief. They may be used successfully at times as a nucleus of attention while the force of suggestive therapeutics is brought to bear effectively in its potent realm of divorcing the patient from his mental perplexities. Substitution is the art of the Christian Scientist who shines in his success when he leads his thought diseased patient from the foul morass of sin to the health restoring thoughts of good, from thoughts of *himself* to those more important of the Deity.

While journeying from the old paths to the new enchantment of the strange environment he imbibes a spirit of forgetfulness of old symptoms and impressions and becomes the convert to a more pleasing and wholesome substitution. Finding the improved mental condition more desirable he clings to it with all the tenacity he possesses. The more successful physicians of the past and present have the greater power of impressing their patients with the positively favorable results to be realized from prescription and operation. The assurance is often so emphatic that success is achieved before the medicine is administered.

What about adhesions following abdominal surgery and their results as related to neurasthenics. The surgeon who apologizes for a post-operative

annoyance or failure by attempting the introduction of adhesions as a cause is unhappy, unfortunate and undone. He will find that he has to operate again to relieve the adhesions or his patient will seek relief elsewhere and the more operations the more adhesions; the more peritoneal trauma, the more nuclei for attachment and resulting bands until the abdominal cavity becomes a nervous storm center of cyclonic proportions often to be terminated by either death or the mad house. A Russian Jew came our way recently who had three well defined perpendicular abdominal scars of considerable length, resembling somewhat the overlapping darts in an abdominal binder. The abdomen was enormously distended from accumulated gas resulting from indiscretion in diet, consequent indigestion and peritoneal adhesions. Everything accumulated and nothing moved. At the mention of surgical interference he shook his head madly and quoting the admonition of the last operator who had entered the sacred precincts of his abdomen with a knife he said, "Any man who cuts into your abdomen again to relieve adhesions is a damn fool."

After twenty-four hours of relaxants, laxatives, high enemas and hot fomentations without relief and a couple of tired nurses worn out, retired for rest and to await results, ready and willing to call the undertaker to the job, the Russian Jew, exasperated at his pain and the failure of physicians and nurses, using his fists like sticks for a bass drum, pounded on his distended and painful abdomen with such force that obstructing adhesions snapped, there was a coincident explosion and discharge, a rapidly subsiding distention—when the Jew arose, donned his clothes and walked away.

FRACTURES AND DISLOCATIONS.

O. P. Hyde, M.D., Queens, N. Y.

While the lesions occurring in these injuries are innumerable, yet this paper will refer principally to the diagnosis and treatment of those lesions most common to fractures and dislocations.

First, fractures give an increase of mobility, while in dislocations the reverse condition exists, except when fracture is also present. Crepitus does not usually confirm the diagnosis of fracture unless the fracture be complete, or it may be very faint in cancellous tissue and in some joint fracture-dislocations.

Pain is rather more certainly an indication of fracture if it be localized and produced by local pressure.

Deformity is probably as well marked in fracture as in dislocation, although, until some fractures have been subjected to considerable motion, either at the time of injury, or later in attempts at diagnosis, there may be but a limited amount of pain present, or even of deformity.

The tendency of a reduced dislocation to remain in place does not obtain in complete fractures.

Deformity also results from hemorrhage at the time of the injury, and

later from infiltration of serum and lymph from the surrounding injured tissues.

The diagnosis, not always very easily made, having been definitely ascertained, the treatment is, of course, next in order; this, by some, is a waiting process of several days' duration to allow the swelling to partly disappear, which treatment in very many cases can be with great advantage omitted and the injured structures placed in their normal relation at once, thus promoting return circulation and with it immediate beginning of the process of repair.

Where great displacement exists, or in certain bones where replacement is difficult to maintain, open operation with suture of the fragments is the best treatment; this is especially true in Pott's fracture, in some fractures of the femur, and to a limited extent in those of the patella, the percentages of early repair and good functional result being very favorable in the last bone, as well as in the fractures of the internal malleolus and in Pott's fracture from open operation.

In dislocation, a reduction is, of course, the first treatment to be considered unless there be a fracture present also, when again open operation is often imperative.

In compound fracture, it was recommended some few years ago, to cleanse about the wound, remove foreign bodies from the wound, then fill its cavity with balsam of Peru, put it in splints, and after a few weeks examine it, removing the splints. At first there would be some evidence of fever and discomfort which would disappear in a few days after use of the balsam, the results being ultimately very good.

The first attention to the fracture is what especially concerns us; it refers principally to the returning of the injured bones and the soft parts to their normal relations as nearly as possible.

While I have tried various kinds of splints I have not found any equal old plaster of paris as a material for this purpose, especially as it can be made to fit any part of the body or limbs.

It should be put on in layers, or strips, or sheets, as most suitable to serve its purpose, and kept in place by ordinary circular bandages not drawn tight, when, after a short time, the plaster having hardened, the bandages may be loosened to a degree of comfort. As the swelling decreases the circular bandages may be drawn as tight as needed to keep the parts in proper position.

In leg fractures it has been my custom to first put on a long stocking, the patient being under ether, then have pieces, already cut to fit the limb, one on each side and parallel with the limb, dipped in plaster, and fasten them first to the stocking then to each other, successively, until a sufficient firmness is obtained, when the whole may be retained in place by a plain roller bandage, the side pieces being so placed that an interval of about an inch is left between their anterior margins and the same interval between their posterior edges.

This form of splint has justly been styled the book splint, as it can be opened from in front or from behind and the leg examined or treated as may be needed, the stocking having been cut down the front or back as desired.

For fractures at the wrist or forearm, it is particularly convenient, as it gives easy access to the affected part; it may here be applied to one side only, while the roller bandage retains the other side in place, or on both sides if the case demands such exact retention.

Another splint almost as easy of application and serviceable is one of prepared thick felt, which only requires to have the surface wet, then ironed and applied when cool enough—a minute or so. This felt may be re-used several times to fit it to the changes that occur in the limb from reduction of the swelling, etc. It has the great advantage of being very light, and also serves well to support the fracture during convalescence.

This early reduction of a fracture and support by retention bandage of plaster of paris is the best treatment, because it puts the parts injured in the most normal relation, thus preventing to a great degree the usual swelling and loss of time formerly taken to "let the swelling disappear"; next it brings the fractured ends of the bones into apposition, thus contributing to their early repair; then, again, it permits daily application of medicines or lotions, as of alcohol, to be used; also massage, regarded of so much benefit, to be given, first to one side, then to the other of the limb; and, lastly, if properly applied and renewed when it has become too loose, it will keep the fragments in the best position for early repair.

One of the most useful applications of this plaster bandage is for fracture of the femur, especially of the neck of the femur, as used by Dr. Royal Whitman, of New York.

Here it is put on in the form of a long spica, the limb being adducted to an angle of forty-five degrees from the median line of the body, the doctor having treated about seventy cases with this splint.

EUGENICS.

Edith Lowry Lambert, M.D., St. Charles, Ill.,
Author of the Standard Books on Sex Education.

The function of eugenics is to produce a race—healthy, well-formed and vigorous—by keeping the springs of heredity pure and undefiled and by improving the inborn qualities of the offspring.

In our country the number of incompetents and degenerates in relation to the total population is increasing every year. Formerly, the majority of these died before they reached maturity; but with the improvements in life-saving methods, their lease of life has been increased so that they may live to adult life. Unthinkingly, they have been allowed to marry and beget their kind. In very few states is there a law forbidding the marriages of unfits. Anyone may go before a justice of the peace and

be married. One of the couple may be an idiot, an imbecile, or afflicted with some transmissable or hereditary disease. Even the lepers of the colony maintained by the United States government are allowed to marry and beget their kind to further burden the government. Half-witted people marry other half-witted people and beget their kind. Insane parents bear insane children. The children of confirmed alcoholics usually are degenerates. The members of these great classes—the insane, the idiots and the incompetents—have no sense of responsibility and allow their passions full sway. As a result, more burdens are thrust upon society. For the unfit children of incompetent parents must be cared for by the state. Common decency forbids us to allow them to be neglected. They were not responsible for their condition or for their birth. So we rear them and keep them alive so that they may produce others.

It is a known fact that the marriage of cousins multiplies by three the likelihood of deafness in the offspring. One parent neurotic, insane, epileptic, feeble-minded or imbecile will produce some children likewise afflicted. If both parents have such diseases, all the childrne must suffer in the same manner. The children of alcoholic parents often are feeble-minded or degenerates. Syphilis, a race poison, is transmissible in the blood, even to the second generation.

We have allowed the incompetents to marry; we have given little thought of the consequences of allowing marriage among the feeble-minded. In our zeal to preserve the right of personal liberty for all classes, we have allowed those of one generation to maim those of another—their offspring. We do not consider it unfair to restrict the liberty of a criminal, so it should not be considered unfair to restrict the liberty of those who would beget to their offspring a heritage of suffering.

Laws to regulate the marriage of unfits should be passed in every state. Measures should be taken to educate the public to the possibility and necessity of giving scientific care to the production of fit children. The subject of eugenics should be on the curriculum of every college and every common school. Physicians, the guardians of the health of the people, should be the ones to lead these movements.

OBSERVATIONS—CLINICAL AND THERAPEUTIC.

V. E. Duren, M.D., Hot Springs, Ark.

It is not my intention to try to enter into a lengthy or exhaustive scientific discourse on any subject in this paper, but merely to call attention to a few facts with the hope of eliciting discussion and thought.

In college and in the study of books and journals, we learn many things. The close, apt student of books becomes a theoretical expert, and is able, with perfect ease, sometimes, to talk very fluently upon most any subject pertaining to the practice of medicine. Technical terms just roll off the end of his tongue with such ease that one wonders how he obtained

so much knowledge. He goes out in the field of practice and is not as successful as some of his brothers, who seemingly are not so gifted as he because he is wanting in skill. He does not give attention to the so-called minor details. He overlooks some little things that, had he attended to at the proper time and in the right manner, his efforts would have been crowned with success. Close attention to minor details leads to eminence in the profession.

A highly educated doctor friend, who wanted to be courteous, called to me as I was passing his office door, and said: "Come in, doctor; I have a very interesting case here you might like to see." It was a severe burn of the forearm and hand, the integument all destroyed. The doctor had previously dressed it with carron oil and absorbent cotton. The cotton was very dry and was almost glued to the flesh. The doctor said: "I read the other day in a journal that lysol is an excellent antiseptic dressing for burns, so I will try it." He took pure lysol, two ounces, and water, about half an ounce, and began to apply it. The patient refused to let the doctor continue this. The doctor said, "All right; now just hold your arm under the hydrant," and he turned on a sluice of water on the hand and arm. The patient swore and said he would not suffer so much pain any longer. The doctor said, "All right, now let's remove the cotton," and he pulled off the cotton with tweezers and left the arm bleeding all over. Then he powdered it with boracic acid and covered it with more cotton. Evidently the doctor had overlooked some of the minor details. Don't dress a burn with cotton and carron oil. Do not apply water. If much pus or serous fluid is present, cleanse with peroxide of hydrogen. This will cause very little pain. After cleansing, apply your dressing, which should be prepared before you remove the old one, if it has been previously dressed. Many agents make excellent dressings. I will only mention two: Unguentine, prepared by the Norwich Pharmacal Company, Norwich, N. Y., and a lotion compounded of vaseline, 75 per cent., and powdered calamin, 25 per cent. Spread either of these one-quarter of an inch thick on cotton cloth and cover the lesion with it; over this apply cotton batting, and over the cotton apply a roller bandage. The calamin and vaseline is the better remedy. Dress daily and change quickly. Do not expose a burn to the air any longer than is absolutely necessary.

Just a few words about "606" or salvarsan. When this agent came before the medical profession as a therapeutic measure, I was very skeptical. Yet I was open to conviction and willing to be shown. After watching closely its effects on many different individual cases, I have decided that it has come to stay, and that in the hands of a skilled diagnostician, who is familiar with the specific indication for it, there is not a more valuable agent in our materia medica to-day. Briefly, I mention two cases: First, Miss A. came to me for treatment twelve months ago. She was about five months pregnant. Had had syphilis two or three months. Had a mixed chancre on the vulva and a papular eruption over

the body and extremities. I asked Dr. Choate to assist me, which he very kindly consented to do. We gave "606" or salvarsan, one dose intravenously, and put her on a vegetable alterative. Ten days later she had no symptoms of syphilis, and we repeated the dose, and she has not had a symptom since. I called Dr. F. to attend her in confinement, which was uneventful throughout. The child has never had a symptom of syphilis and is strong and healthy. Here is a photograph of the child when thirty weeks old. The mother is now married and perfectly healthy.

Mr. B. contracted syphilis seven years ago. Had been treated in Chicago, New York, and elsewhere. He is highly educated and a business man. He was forced to quit work; nervous, anemic and, a physical wreck with a mind like a four-year-old child. I treated him with other drugs several weeks with little or no improvement. Gave "606"; in twenty-four hours could see marked improvement, and he has improved steadily since that time, April 14, 1913. I wish I had the time to discuss fully the merits of "606" and the specific indications for it, etc.

Just a few words about the hot waters at Hot Springs, Ark. We often have a patient come into our office and say, "Doctor, I have been here one, two or three weeks (or even longer) and I am no better." Some of them say, "I am worse than when I first came." Ask him who has treated him since his arrival in Hot Springs, and he says, "No one." We ask, "Why did you not see a physician?" "Why, my doctor at home told me that I would not need to see a doctor, that I had been taking medicine long enough, and that a rest from taking medicine would do me good, and that the rest and baths would be all that I would need. My doctor said for me to go and bathe and that would be all that I would need." One man said, "My doctor told me that a hot bath at Hot Springs was not different in any way from a hot bath at home, only that at Hot Springs they were better equipped to give it."

We have many people coming to our city that really believe that a hot bath covers all of their needs. They do not know that different diseases and different individuals require altogether different hydrotherapeutic measures. They have no knowledge of how long they should stay in the tub, or what the temperature should be; and then there is the packs, the hot room, the cooling room and the sun parlor that they do not understand, and the douche and the shower, the needle and the vapor.

I was called hurriedly, not long since, to see one of these fellows who had been directing his own baths for two or three weeks, and I found him very weak. His heart was so weak I could hardly find it, and he was covered with a cold, clammy perspiration. After the administration of heart stimulants and the application of hot water bottles to the extremities, accompanied by vigorous scrubbing with rough towels, he revived. We put him on a different bath altogether and only allowed him to bathe every other day, and he improved rapidly. Now, this is not intended as even a hint at criticism, for we believe that our Eclectic brothers are not so

grossly ignorant as to instill into the minds of the laity such erroneous ideas, and then send them away to Hot Springs, only to have their already diseased bodies subjected to further suffering, and finally to see their mistake and return home knocking Hot Springs and the home doctor.

There is great need of education. Let us Eclectics, we who have the best therapeutics on earth, teach the world that the great radio-active waters of Hot Springs, Ark., are powerful, and, when scientifically used, are a Samson in combating diseases.

Hydrotherapy is a great and interesting study, and, I am sorry to say, one that is sadly neglected. If any doctor will buy the best works on hydrotherapy and study them closely and apply his knowledge in every-day practice, he will find that he has been many times repaid for the effort, and the people for whom he works will see that he is a live wire and will place greater confidence in him as a man skilled in his profession.

Had I the time I would say many things. If this paper has set you to thinking it has accomplished its mission. Thought, real deep, earnest thought—what is it? It is that that has built and sustained empires, kingdoms and republics, and without it loathsome diseases, plagues and pestilence would have long since annihilated the human race.

OLD SCHOOL METHODS AND NEW SCHOOL PRACTICE.

S. B. Munn, M.D., Waterbury, Conn.

Many years ago, three physicians of wide reputation, were guests at a hotel in Saratoga. One of them was Dr. John W. Francis, of New York, the second was Dr. Abraham Hun, of Albany, and the other was from Montreal. They were overheard one afternoon discoursing upon the service of the medical profession to the world, and the benefit which it had been to the human race. They agreed that great good had been affected in many instances, but that in the long run the world would have been healthier and longevity greater if there were no doctors. Such has been the judgment, often declared, of leading members of the medical profession. Professor Henderson, of the University of Edinburgh, said in so many words: "Eighty or ninety per cent. of those who employ medical practitioners would be better off without them." Dr. Abercrombie adds: "We own our system defective and the action of our remedies in the highest degree uncertain." Dr. Jacob Bigelow, of Boston, did not scruple to confess it. "I have but little confidence in the fashionable practice of medicine," he declared. Such testimony from a prominent member of the Harvard Medical School, who was a vigorous adversary of Reformed Medicine, ought to be regarded as conclusive. Dr. Waterhouse, one of the first professors in that school, showed his convictions in a more manly way by the favor which he displayed to Samuel Thomson.

At the beginning of my practice, I visited Dr. Carry, of Beekman, a retired physician of seventy. During my visit, he remarked, "It has been a question in my mind for some time, whether in the practice of medicine

I have done more good than harm; also whether the practice of medicine is of any benefit to the world. I think surgery is beneficial, but I can't say it of medicine."

A Chicago physician asserts that drug treatment of the disease is useless.

Chicago, January 28, 1910. "Drug treatment is useless in cases of pneumonia. The medical profession, so far as medicines are concerned, can be of no assistance in the fight against this disease. The sooner the profession will acknowledge this to the public and set to work to discover some specific to save pneumonia patients, the better for all concerned." This statement by Dr. Arthur D. Bevan, who stands high in the profession, stirred up the members of the Chicago Medical Society at their meeting to-day. Several physicians sprang to their feet to protest. All had to admit, however, that there is no definite remedy known, and they based their protest solely on the contention that they might influence the patient favorably by easing him somewhat, and by the moral effect of their presence.

"Because he 'hates to take the money' for worthless services, Dr. Lee B. Woodcock, a young society man and physician, whose practice has been among Scranton's wealthiest residents, has given up the practice of his profession. Dr. Woodcock said that his practice had been remunerative enough, but hinted that his conscience troubled him.

"'I have come to feel that the greatest part of practical medicine is worthless. Many times doctors treat cases where they know they can do no good. In such positions I have felt that, far from doing humanity a benefit, I was working a harm.'

"A great many doctors feel exactly as Dr. Woodcock, but not having any other means of living, they go on, for they must do something. I should certainly feel that I was not giving my patients their money's worth if I could do no more for them than is taught in the medical colleges. If I did not have at my command more than is taught in college or text-books I would quit the practice of medicine to-day. Yes, I would. Therefore, I honor Dr. Woodcock. He is a conscientious physician."

The confession which these men have made has shown the reason why there should be a reformed practice, essentially different from one which its own practitioners acknowledge to be actually destructive to the lives and health of mankind. We have come into existence because of that necessity. We owe our present standing to the confidence that we have obtained from the community, of the superiority of our medical procedures and our fitness as physicians to treat the sick. We can hope to retain that confidence only by doing our part to justify it. We should be liberal in our readiness to learn, and tenacious in our adhering to what we have tested. What a good Eclectic maxim: "Prove all things and hold fast the good."

Perhaps this is a period in our history when this rule should be applied with special insistency. As a school of practice, we have need to keep in

mind the methods which have enabled us to gain our foothold, as being the surer means by which to keep it. I am bold to affirm, that with all the new fads and theories that have been thrust upon us under one pretext or another, we are not justified, or even safe in surrendering the principles laid down by the founders of the American reform practice. We have no occasion to wander from the path which Beach and his associates opened for us.

I accept, without qualifications, the declaration of the Eclectic Medical Society, of New York, as adopted several years ago: "We are not desiring or endeavoring to lower the standard of scientific attainment. The physicians of our faith have added to the knowledge of the materia medica and the proper methods of treating the sick, and, amid obloquy and persecution elevated the practice of the healing art. We believe that knowledge makes its possesors liberal and fraternal, and not partisan or exclusive. Courtesy and justice we have a right to demand from others, and it is oppression to endeavor to restrict any person in the employment of lawful measures to extend his field of honorable industry."

I can not conceive how anyone can be a true Eclectic, who does not subscribe to these sentiments. They are historic facts and principles which are beyond reasonable controversy. It is no idle boast that under Eclectic treatment diseases have been shorn of alarming features. What physicians of our number have any such fatality from pneumonia as appears on the death rolls of our boards of health? I do not believe that many Eclectic physicians can be found anywhere who have lost three pneumonia patients in a hundred. My own fortune has been even better than that. In a practice extending over more than fifty years, I have had my full number of patients with pneumonia, in the various stages of disorder, yet only one of them died from it. I do not suppose that other Eclectic physicians have been less skillful and successful than I have. I have had other epidemics to deal with, many of them usually characterized by great mortality. My patients were as badly off as others, and in my hands made good recoveries. I am not bragging of what Dr. Munn has done, but of what Eclectic physicians accomplish, with average skill, with the procedures of our American Eclectic practice of medicine.

Some years ago, the late Prof. Joseph R. Buchanan proposed to make this matter a test of the utility of the several schools. Dr. Buchanan was always a consistent and resolute opponent of medical legislation. He knew what it meant, that what was contemplated by it is to root out and suppress every school and physician not approved by the American Medical Association, instead of the present blackmailing process, known as medical examination. He proposed that it should be required of every physician who signed a certificate of death that he should state the school of medicine to which he belonged. Such a rule, well carried out, would quickly reveal the physicians who failed to cure their patients. But I do not believe that out of the seventy thousand doctors in the United States,

who claim that they are "regular," any considerable number can be found who are willing or able to stand such a test. Yet it is the only one by which it is proper to decide the qualifications of a physician. "By their fruits ye shall know them," is the gospel rule. Thorns do not bear grapes, nor thistles, figs; and no other test is worth a thought. The pretense of protecting the people by a medical examination of physicians is hollow, frivolous and absurd. The veriest quack can pass such a test as easily as the ablest and most conscientious medical man. The example of every state, from Illinois to Connecticut, shows that such is the case. But in some of the states, like Montana, an Eclectic can not pass an examination (that was told me some years ago) whatever may be his qualifications. That is what is aimed at as the complete work.

It is no more rational to decide the qualifications of a physician by the result of medical examination, than it would be to select a pair of shoes from the polish of the blacking. It means that mediocrity shall be in the lead and real skill relegated to the rear. Indeed, that is about all that it has accomplished, or can be expected to accomplish.

I do not question that the knowledge which we get from books and teachers is of the greatest value. I only insist that it can not alone fit a person to become a physician. To be rich does not make a man, but he can carry out his purposes better for being rich. I prize medical colleges for their usefulness in helping students master the literature of the profession and for the discipline which they afford. But to be a successful practitioner a man should be born with a natural adaptation for the business. You can't make a mechanic of a person who has no mechanical ingenuity, nor a musician of a person who has no musical talent. But I deprecate every movement that tends to place the American practice and our medical associations subject or subordinate to the colleges. The conferences of physicians who are in practice, and the experiences of the profession, accomplish far more for the physician. Everybody knows that the practitioners are seldom found teaching in the colleges. Besides, if our colleges gave more thorough attention to the Eclectic materia medica and to Eclectic practice in its purity they would better meet the occasion.

The purpose of our national organization, as affirmed in its charter, and the purpose of our meetings as members of the Eclectic medical profession, is to assume co-operation in the art and science of medicine and surgery and the maintaining of an improved practice of medicine. We have no higher purpose than to help one another and to learn from one another. This is of infinitely more importance than the following after fantastic vagaries, the running after "fads," the taking up with new notions which amount to little more than the displacing of other notions that were no more baseless, no more preposterous. We are overrun with such and they seem to multiply like locusts.

Much of the sanitary science, as it is called, is little else than a fad of political doctors, who make a living by humbug and deceiving the

community. Not a board of health in any state of the Union, so far as I have been able to learn, has been of the least service in the way of exempting from epidemic or diminishing the number of deaths.

The annual reports and the newspaper articles have a good deal to say about diseases, epidemics, micro-organisms, and the like, as though the board of health had the whole matter in their hands and knew all that is knowable. The drinking water has been loaded with a hundred accusations of disseminating disease. Our cities have contracted immense debts to procure water to drink that is clear, but the experience of our cities has failed to show that the procuring of such water has served to diminish disease. A few years ago the city of Newark succeeded in obtaining the pure water of the Pequannock in place of the filthy liquid of the Passaic River. Yet, since that event, the death rate in that city has actually increased. What is true of Newark will doubtless be found true of other cities. I do not mean that dirty drinking water is essential to health, but I know we are on a wrong scent.

The causes of improvement in public health and longevity are not found in the methods and operations of boards of health and local advantages. We trace them to the general advance in intelligence and civilization which has been made for four centuries past. Where learning and refinement followed on the heels of the former barbarism in Europe, the populations became more healthy and the average duration of human life increased steadily from fifteen to near forty years. All this was accomplished by better ways of living and the general improvement following upon the increase and diffusion of knowledge before boards of health existed. As life became better worth living, people lived longer. No board of health can, with truth, say as much for itself. With these boards everything seems to be done on purpose to disturb our comfort and disseminate a general unrest. Where they operate the general effect is to break up settled conditions and make everybody uneasy. Whatever may be the incidental advantages, they seem to make the average death rate larger. This is shown by their own statistics. Thus, the deaths per thousands have increased almost 50 per cent. in Connecticut, and I have yet to learn of a single state that has better showing. In fact, the influence is to demoralize the people. The very manhood is taken out by pernicious legislation and by their persistent encroaching on our personal and professional rights. We can have no real progress, nor true civilization, no free government, nor anything really worth possessing unless the title to property, and the title to one's profession, which is one's property, is fully respected and sustained. This stream of special laws, and especially those that emanate from doctors holding office or seeking office, and that are run through the legislative mills, must be arrested, or all progress in the profession, and the very liberty of the people themselves, will come to an end. It is moral delinquency; it is a motive mean and sordid, that so prompts in-

dividuals to strive in such ways as to help themselves at the expense of others.

Prominent among doctors of such character are the exploiters of medical fads. Bacteriology that had slept almost two hundred years along with Rip Van Winkle, has now woke up with him. We are treated with accounts of bacteria in the soil, bacilli in our bodies, and microbes in the atmosphere, till no chance is left for peace. Everything social, domestic or agreeable is contaminated and befouled by this fad. We are told of a club in New York, the members of which will not shake hands lest they get poison by one another's bacteria. A lady, it is said, having taken a walk in the street had her gown carefully brushed on coming home, and it was found to be covered by millions of microbes. It must have been a terrible shock to her. George Francis Train is the fittest of all men to lead these mongers of fad. They would infest us with danger on every side. Surrounded, as they would insist, with invisible creatures so deadly in nature and incessantly destructive, it is wonderful that anybody lives at all. Like Sancho Panza's doctor, they are our food and drink and seem to have the same notion as the wise negro, that the only way to keep safe from disease is to eat nothing. One thing is certain—when all the fools die there will be somebody lonesome.

If we mean to be successful as physicians, and of real use to those who employ us, we will discard all these fads of medicine and vagaries of sanitation. They are inventions of men who have failed in the profession. A declaration of independence on our part from medical fads and medical legislation would do much to restore self-respect and lost manliness to Eclectic physicians.

Our Eclectic School of Medicine, let us bear in mind, came into existence as the reformed practice. The old methods were destructive to health and life. The lancet was discarded because it was really a weapon of slaughter. Mercury was banished in all its forms from our armamentarium; our own observation and our experience has justified this exclusion. Without mercury we have been able to cure any disease for which it has ever been prescribed. We can easily eradicate even the taint of syphilis, but I have never succeeded in the eliminating of mercury. Once taken into the body it stays, and then when the vital forces begin to fail, it will rally into activity to carry on its evil work. It is a curious fact that the new fads that come regularly into the old school, each of which displaces some older fad, generally seem to be new ways to explain why they use calomel. Thus, they used to say it unloaded the portal systems; now it "kills microbes." The theory is new, but the practice is not changed. Some old school doctors profess not to use it much, but it is a fact not consistent with our profession that some professed Eclectics advocate using it a little. It is an itch some have for worshiping "strange gods," but it is not genuine practice.

In appealing to all men who mean to be of our number in good faith to hold fast to the doctrines, the procedures and remedies which have always been distinguishing characteristics of the American School of Practice, we can hold our own only by sticking to our text. There have been many improvements and additions, which we accept with pleasure; but we can gain little and lose all by exchanging our own views and methods for the fads and mongrelisms that are thrust upon our notice. The vegetable remedies of the Eclectic pharmacopeia as set forth in Albert Merrill's Digest and King's American Dispensatory have not been cast into the shade by others to any extent that can warrant us in neglecting them or using others in their place. I would recommend Prof. Scudder's Specific Diagnosis and Specific Medication, also his work on General Practice, that is, to treat conditions without regard to the names of the disease. I said to our health board (composed of Allopathic physicians), "Gentlemen, if you would study diseased conditions and the remedies indicated by those conditions, you would have better success than you are now having. Instead, you are hunting bugs and some serum to kill them. The king bug of the bugologist is humbug," to which they made no reply.

The political doctors of the old school are evidently determined to close up all our colleges and establish universities demanding seven or eight year courses (making it very expensive), so that no man in moderate circumstances can graduate, notwithstanding he may have a natural adaptation for the vocation.

ERGOT.

W. H. Morse, M.D., Hartford, Conn.

"Pigs is pigs!" That was the doctrine and contention of J. Pierpont Morgan. No doubt, as coming from such an astute man, it is true in the financial world, but in the materia medica there are differences.

I do not say that "ergot is ergot," for this would imply that whatever is ergot is standard ergot. It is nothing of the sort. We all know this. We know it all too often by dear experience. We prescribe ergot for ergot effect, and we expect that effect. Do we always get it? Hardly. Not getting it, we are prone to plead that we "fail to understand it," or to blame the druggist. We have a right to do this, but the better way is to fix on a good choice and stick to it; prove it and abide by the proof.

"Pigs is pigs," but some are small, some are lean, some are fat. Morgan had faith in a certain class of securities, but he pinned his faith to the gild-edged. I do not doubt but what there are other good preparations of ergot, but ever since I began the practice of medicine, nearly thirty-four years ago, I have always preferred and always specify Tilden's Fluid Extract, which, because of the discovery of the process of its manufacture by the late Henry A. Tilden in 1874, is distinguished by the name, "Formula of 1874."

I call attention to its appearance—a beautiful, clear, almost neutral fluid, entirely free from all noxious contamination.

Let me tell you some particulars about it: It is the strongest, and is uniformly strong. It requires the minimum dose, and is, therefore, economical. It is certain in its action, however employed. It does not nauseate or produce other ill effects. It contains a fixed number of active principles. It, therefore, meets all indications.

It is the only ergot I ever used with satisfactory results. Prompt and positive in its action, it can be relied upon in all emergencies, whether as a parturient or a haemostatic. Our profession, regardless of faith, believes in it when once it is employed, and I am sure that my testimony as to its value is voiced by every Eclectic who is acquainted with it, inasmuch as it represents the drug, and the best quality of the drug. Used hypodermically, as well as internally, I have never had or heard of any irritation or inflammation caused or accelerated by it. Wherever there is unstriped muscular fiber, it causes its contraction and acts as a tonic. Always and ever the physiological action answers to the specific indication, as perhaps few other remedies do. My valuation is placed upon it over and above its obstetrical uses, but in those uses it is a reliable parturient when labor is well advanced, the os moderately dilated, and when there is no mechanical obstruction. In fine, where the cause is simply uterine inertia, and the mother is becoming exhausted, the delayed labor is facilitated by the ergot. Added to this, it is esteemed for the control of hemorrhage, post-partum or other.

My plan of dosage is very simple. The ergot is diluted with an equal quantity of water, and teaspoonful doses are given every fifteen minutes until the specific result obtains. For hypodermic use I dilute in the same way, and repeat the dose at the same intervals until the desired effect is secured.

If I were conscious of ethical transgression, I would apologize for stating this preference for this particular preparation, which represents the active principles of ergot, without inert and acrid principles. It is in my obstetric bag. By it I facilitate labor, control hemorrhage, and, aside from obstetrical uses, rely upon it whenever and wherever I desire to meet the rationale of a widely diversified indication.

SOME OBSERVATIONS ON GALL-STONES.

E. Younkin, M.D., Villa, Mo.

There is either a very alarming increase, in the late years, of cases of cholelithiasis or their frequency must be attributed to more definite methods of diagnosis. In the study and investigation of this subject there are two distinct sides. The *medical side*, and the *surgical side*. It is one of the greatest and most important problems, in many cases, to know just where the medical treatment should give place to the surgical procedure. The surgeon, unfortunately, receives his operative cases from the physician

after months or years of unavailing medical treatment, yet a physician is justifiable, in certain cases, in seeking a cure through proper medical means.

The object of this paper will be mainly to discuss the medical side of the question and to enable the physician to draw the line between the medical and surgical sides of cholelithiasis. Gall-stones giving rise to dangerous symptoms, if not relieved within a very short effort, upon the side of medicine, becomes at once a surgical condition, But it is a fact that often the patient requires internal treatment for months, and it is in comparatively few cases of long standing, that require absolutely an operation.

It is in cases of sudden stopping of gall-stone, or where stones are situated anatomically where bile can not reach them, or where there is an empyema, or a perforation, or morbid growths, that an operation is absolutely necessary.

I believe that cases where stones are able to pass into the intestinal canal, faulty bile diathesis, catarrhal inflammation, are subjects for medical treatment. Even gall-stones within the gall-bladder that are not producing immediate emergency interference, if of cholesterine composition may be dissolvd by medical administration. The victims of gall-stone often prefer to put off an operation, and it is quite within their province to do so. The surgeons themselves, when victims, not infrequently prefer to wait in pain and suffering for the stone to pass *per vias naturalis.*

As a rule one is justifiable in seeking a well directed medical course in all cases where stone may be induced to pass, and thus give relief. But it must be admitted that where medical means fail, which is often the case, that operative interference should be undertaken without delay.

Surgery is a great bugbear to the most of the common folk, and it is difficult to bring the patient's mind up to a consent when an operation is advisable; but while surgery is regarded the dernier resort the patient should be impressed that operative work has its place in successful treatment, and it is by no means hopeless, for at the present day the surgeon is certainly justified in telling a patient with gall-stones, that an operation can be quickly done, and safe cure of the trouble, of eventual danger, more rapidly and more easily accomplished than by other treatment. This fact should be impressed upon every patient who is delaying through fear of an operation.

The purpose of this article is not to explain the *methods* of surgical procedure; these can be readily found in our text books, most accurately detailed, but we wish more particularly to lead the physician up to the point where he is justifiable in his medical treatment, and *if an operation is to be done,* the earlier, the better, for the safety of the patient. The clinical history of cholelithiasis is quite variable, and changeable. When stones are loose in the gall-bladder, the stomach may be disturbed, bowels constipated, there is often sallowness, bilious, but diagnosis is not warranted as the symptoms are not positive. When the stones are attempting

to pass, *pain* is the marked feature. Small stones may cause severe cutting symptoms. A large stone, less trouble, a dull pain. Spasmodic pain is excruciating. It is due to nature's efforts to pass stone. It often starts suddenly and may end suddenly. It radiates from the right hypochondrium over the chest and over the scapula. Nausea, chills, vomiting, followed by jaundice; stools clay colored. Such cases may require emergency treatment. When the symptoms are pointing to the passing of stone, when the patient in all probability has had frequent attacks previously, to relieve pain and spasms I prefer to give a hypodermic of hyoscine, morphia and cactin (Abbott tablet). Internally, I give a gill of olive oil followed with a capsule of capsicum. I place a hot application over the right hypochondrium. As soon as the action of the hypodermic passes I give a saline cathartic.

Caution should be exercised not to repeat the above treatment to such an extent as to mask the pain from the time of surgical necessity. It is only advisable in cases where the dislodgment of stone is hopeful and where there is not too great an exhaustion.

Where the stones can be made to pass *via naturalis,* the next question arises, *Is it within the possibilities of the physician to institute a treatment of medicine and diet to prevent the formation of gall stones?* For a moment, let us first inquire into the cause of gall stone. Cholesterin is one of the most important constituents of the stone. It is found in most all cases. It is rare that we find a lime formation. It is claimed that cholesterin is the direct result of bacteria. Their action on the solvent properties of bile causes a precipitate. The bile becomes thick and stagnant. There is a deficiency of the solvent properties of the bile salts. There is nothing yet known to dissolve the lime formation, but it has been proven that cholesterin can be dissolved. *Healthy bile has the power to dissolve cholesterin.* Are we capable of promoting healthy bile? The function of the bile acids is to increase the formation and liquify the bile, thus preventing stagnation, and it acts as a solvent on cholesterin. If, then, we are capable of supplying a deficiency of cholates or solvent elements, and asepticise the liquid element, we ought to render the liver healthy. We ought to dissolve the cholesterine and prevent stone in the gall bladder.

But I conceive another factor that may have to do with the formation of gall stone, viz., *stenosis* of the duct. If the flow of bile is obstructed in any way, the bile becomes stagnant and precipitates. The daily outflow of normal bile is from twenty to thirty ounces. The gall bladder can hold but one ounce at a time. Its function may not be important, as the horse and deer subsist without it, still its obstruction proves disastrous to the human being. Closure of the ducts may occur through primary catarrhal infection or lodgment of stone, tumor, cancer, or other pressure. If the way is made clear for the flow of healthy bile, and the bile rendered healthy, gall stones can not form.

If normal bile or healthy bile acids are capable of dissolving cholesteric

calculi, rendering the thick and stagnant bile more liquid, a fact that has been demonstrated by a number of physiological experiments, I ask again, is it not possible to dissolve gall stones and to cure the gall stone diathesis?

In the medical treatment of such case our object, then, will be to supply the deficiency in bile salts and to increase the watery constituents. The most valuable of these salts are sodium glycocholate and sodium taurocholate. These are chemically the normal salts of bile. They act specifically upon the liver and cause an increase in the watery elements of hepatic secretion. They are also germicidal and play an important part in the retarding of bacteria. These may be given in doses from one to five grains.

Sodium succinate is a valuable drug in hepatic congestion. It stimulates the bile secretion and increases the watery components of the bile and lessens spasm. Two to five grains may be given. Sodium salicylate has a chologogue effect in increasing the watery part of bile and is also a germicide. The above agents may be given singly, in an accurate diagnosis, but sufficiently specific will be a combination of all. Even then bile acids alone do not act as satisfactory as when combined with a mild laxative. For this reason we usually add a small quantity of laxative, as podophyllin, phenolphthalein or cascara.

Chionanthus is an important drug in acute congestion with imperfect flow of bile. It improves portal circulation and stimulates the lymphatics of the liver. It is especially valuable in catarrhal jaundice and encourages the flow of bile through its natural channel. I prefer, in cases of gall stone diathesis, to combine all the above bile acids, with some one of the laxatives and a portion of chionanthus, into capsule or tablet, and thus administer in doses of bile acids from one to three grains each at a dose, and repeat at the rate of three times a day. The treatment must be continued faithfully for an indefinite length of time.

There are tablets on the market comprising the above bile acids, some of which contain laxative drugs. We make mention of Wampole's Sodium Glycocholate Comp., without the laxative. Tablets veracolate or taurocol are compounds of the bile salts with cascara and phenolpthalein. The bile must be kept active and dosage increased or diminished accordingly. The bowels must be kept soluble, and an additional saline should be given once a week at least. Jaundiced skin and clay-colored stools call for chionanthus and only minute doses of podophyllum. The digestion must be toned with nux and peptonates, and foods must be carefully guarded.

To draw the line with a degree of accuracy between the medical and surgical procedure, every physician should keep the following objects in view: First, the object in treating medicinally is to mitigate pain and spasm till such time as nature may manage to push and force the stone through the narrow bile ducts into the intestines. When remedies given for this purpose fail of their object it is the time for operation. Secondly, to seek to prevent the process of manufacture of stone in the gall bladder. A careful and judicious course of treatment, I believe, is capable of good

results in this particular. But do not undertake to lift a stone with a drug where it requires the implement of a crowbar. If a stone can pass, you are justifiable in your medical course. If obstruction takes place and it can not be removed by immediate allaying of pain and paroxysm, it becomes a subject for the knife. This is the point where disaster occurs in most cases. It is not the operation that kills in the most of cases. It is the delay when operative procedures are necessary. This is the ideal treatment as it can be done with comparative safety and the patient is relieved of all trouble without injury or disability.

When to operate is answered. How to operate must depend entirely upon the circumstances. The surgeon must be familiar with the different methods of procedure, all of which are definitely portrayed in standard textbooks, and is, therefore, not necessary here.

Cholecystotomy is the simplest of all. It is the ideal operation in the early stages of cholelithiasis. A relatively small incision through the abdominal wall is all that is required. One must be assured, however, that the bile ducts are patent. When catarrhal inflammation exists this operation should not be performed.

Cholecystostomy is a more grave operation. It implies an artificial opening into the gall bladder. If the duct can not be clearly felt, or if dilated, thickened or markedly changed, cholecystostomy is the correct procedure.

Cholecystectomy is the excision of the gall bladder, and is the operation advisable in cases only where the walls of the gall bladder are diseased, and where we expect the lumen can not be restored to its normal function. In new growths, tumors, etc., cholecystectomy is the operation chosen.

Choledocholithotripsy is a crushing with fingers or protected forceps. Is an excellent method where stone is soft enough to be crushed. If gall stones are impacted in the ductus choledochus, and the patient has an old standing icterus, there is a likelihood of a hemorrhagic diathesis, and a reactionary hemorrhage is liable. Mayo Robson and others recommend that chloride of calcium in twenty grain doses be given every four hours for several days before operation.

Artificial cutlets for the bile entering into the intestinal tract are made into the duodenum, jejunum or colon, and have their respective names. A surgeon may not be able to tell what operation becomes necessary until an exploration is made. He begins with the simplest but may end with the greatest.

FORCEPS DELIVERY RATHER THAN A CAESAREAN SECTION.

Geo. C. Porter, M.D., Linton, Ind.

The case of which I shall speak was that of an Hungarian woman who could neither speak or understand the English language. She was thirty-two years old, stout and rugged in build, and in labor with her third confinement. This class of patients very seldom advise with the accoucheur,

with regard to this condition, or give him any idea that his services will be needed, until in the very throes of labor they send for him to relieve their suffering. This patient called a physician at 9:00 A. M., who remained throughout the night with her, rendering such services to her as he could. However, by morning, there being no advancement to the labor, a consulting surgeon was called in the case. After repeated efforts to deliver the child with forceps, covering over a period of some hours' time, without any success, they decided that a Caesarean section would have to be done to save either the life of the mother or child. After notifying the members of the family, through an interpreter, what would have to be done, a purse of $100 was raised for the work, with a stipulation for one hundred more when the work was done. Both physicians leaving the place, now returned to town to prepare for the operation. This condition being a trying one for the community of Hungarians, who never tire of trying another doctor, they immediately sent to town for another physician. I happened to be that one called. Being unable to talk with the people, and having no knowledge of the preceding experience, I at once proceeded to examine the patient. I found the os well dilated, with the head pressed down against the pubic arch and rather anteriorally, with room in the posterior pelvic vault. I made the diagnosis of a R. O. P. presentation, and at once decided on a forceps delivery. I gave the patient some chloroform, and, when she was fairly well under the influence, I gave the applicator to an attending woman and had her drop on some at short intervals.

After being properly sterilized, I applied a pair of Hodge's long-blade forceps, making traction in the direction of the outlet of the superior straight, which would be an imaginary line passing from the symphysis pubis to the apex of the coccyx, a rather hard traction without the use of the axis traction attachment, having another attending lady massage the abdomen, helping to stimulate natural pains, and soon, with all things working together, I was able to pass the head backward, then downward, when the pains became more natural and expulsive in character, and soon the head was carried well down to the perineum, where I disengaged the instruments, assisting nature with my hands, and soon delivered the child naturally without any laceration of the parts.

Mother and child were cared for in the usual way, making a nice recovery. I succeeded in making my get-a-way before the two former physicians had arrived from their preparations for a Caesarean section, and after I had learned all the facts in the case, have always since felt that I beat them to it in a very legitimate way, if not in an altogether ethical way.

Now, I have told this experience essentially to emphasize two points in obstetric practice: First, never leave your patient suffering with severe labor pains without an attendant or something to rest and quiet her pains while you are absent from her, even though it be to prepare to do a Caesarean operation. Second, be prepared; know your work. These two

former physicians undoubtedly failed because they had forgotten the direction of the outlet to the superior strait of the pelvis, or wished to take advantage of ignorance and have an experimental operation for its attending notoriety and fair remuneration.

DIAGNOSIS.

J. M. Wells, Vanceburg, Ky.

Nosography and nosology has ever been held by our regular brethren as the most important part in the practice of medicine, and the fact that they so held, and the factional friction existing between Eclectics and Regulars, was a cause to the latter for holding diagnosis lightly; or, in other words, tabooing it altogether. And, while the writer has not the smallest desire to remove one laurel from the brow of the great teachers (and they were great) who taught when we were taking training in the old Institute, we must, in justice to our convictions, say that the teaching on the subject under discussion was not all that it should have been. We well recall a statement of one of the most impressive of all teachers we ever listened to, when he said: "When any of you boys are called to see a case, you must try to find out what is the matter with the patient, for the people will want to know what is the matter, and you will have to call it something, name it, and if you can not think of anything else, call it "hocus-pocus epluribus-unum elecampane." Another was accustomed to say, "Take a well man (woman or child) along with you in your mind, and lay them on the bed alongside of the sick one, and see wherein they differ from the well one as to attitude, color, expression, eyes, tongue, pulse and temperature. We were also well lectured and instructed in the symptoms of the different diseases, surgical and otherwise, which is very well so far, but we do not recall that we were ever given any special instructions as to how to proceed with a regular and thorough examination. We presume that what we are making an effort to impart at this time is well taught in the colleges to-day, but it will do no harm to repeat it, as we know it to be important, and it may apparently be more important to us from having been forcibly thrust upon us by a practical experience.

First, in order to be efficient in diagnosis, the physician should have a definite knowledge, should be thoroughly conversant with all the diseases common to the community in which he resides and practices. All symptoms, characteristics, types, temperaments and phenomena of these diseases should be indelibly and vividly fixed, and stamped in his mind, which should be trained to *think*, and think quickly. Second, his armamentarium should include a watch, clinical thermometer and stethoscope or phonedoscope of the best make, and these should never be absent from his pockets when making calls. In the writer's early days the latter instrument was held to be of secondary importance to the ear, but foul odors from bedding, linen and person, and a sensitive nasal organ, together with the psychological

impression made on the patient by the use of the instrument has caused us to always carry and use it.

Having been called to the bedside of some sick one, keep in mind the season of the year and the diseases prevalent at the time. Do not place too much credence in the statements of the informant. Has the patient ever had this, that, or the other diseases which render them immune to a second attack? Now, get the history of the case, being careful not to lead the informant. Next take the temperature, and if the patient has artificial teeth, it will be more accurately taken in the axilla or rectum. While taking the temperature get the pulse, noting its frequency, strength, weakness, and all of its characteristics. Now we are ready to begin an examination of the chest, and we begin our percussion, using a rubber-tipped hammer made for the purpose, and a rubber eraser for or instead of the fingers. Beginning at the apex of the lung, on either side, we go down along the edge of the sternum to the base; going back to the apex we make another line down the chest about three inches from the sternum, and so on until we reach the arm. Raising it over the head we percuss the axillary space; turning the subject a little to the side we are able to percuss all of the lung area of that side; then the other side of the chest should have a like examination. Then the liver must be percussed, its enlargement or diminution noted, as also the spleen. Then the right and left abdominal quadrant. We next bring the stethoscope into use, going all over the chest as before, noting all normal and abnormal sounds, having the patient count aloud, one, two, three, at each point, noting vocal resonance, fremitus or the lack of normal sounds. A further use of the instrument locates the apex impulse of the heart, usually at the fifth intercostal space and nipple line, observing both sounds, diastolic and systolic, together with the murmurs peculiar to organic lesions, listening carefully at the site of all the valves, the pulmonary at the second left intercostal space near the sternum, aortic to the right of the sternum, same space, tricuspid about the fourth intercostal space, right side, then back to the mitral; beginning with the pulmonary valve we place the letters like this: A-ortic, P-pulmonary; T-tricuspid, M-mitral. P. A. T., Pat, M alloy; Pat Malloy. If you begin right, with the P at the second left intercostal space, you can't forget it.

Some cases reported from the writer's practice will serve to emphasize the importance of a careful, thorough and painstaking diagnosis, and will be a helpful study to the interested reader, fixing in his mind the means and measures used, enabling him to avoid the inexcusable mistakes and reputation-damaging blunders, as well as imparting to him enthusiasm and the exalted feeling which comes after work well done.

Attending a case of labor at a house some miles in the country, a messenger from the other end of the building (it was a double house) informed me that the lady residing in that part of it desired to see me when disengaged, to which assent was given. Entering that part of the building later, we found a woman, forty and fat, the fat being two and a half to

three inches over the abdomen. She was the mother of three children, the youngest sixteen years. She had not seen a period for eight or nine months, and was supposed to have passed the second climacteric. She informed us that her physician was called some two weeks prior, and, after examination, said she had a tumor and ulcerated womb. By dint of much effort, owing to the abundance of adipose tissue, we succeeded in reaching the os uteri, which was found to be patulous, admitting the tip of the second finger, which came in contact with the sutures in the cranial bones of a foetal head. Carefully measuring the length of the uterine neck, we gave a prognosis that the tumor would be delivered in two weeks and would be alive, which prognosis proved correct.

Six years ago we were called to see a woman who had been under the treatment of another physician for two months, at the end of which time it was declared that she had pyemic abscess, and that a resection of a rib, or ribs, would be all that could be done for her. Her father not having the means wherewith to pay the attendant, the case was abandoned by him and we were called. Finding no evidence of abscess but a fluid in the right chest cavity, we put her on aconite, bryonia and asclepias, saw her once and sent medicine twice afterward. Last winter we were called to the same community to see a child with prolapsus ani, and found the above woman well and hearty, married, and the mother of three children, and in possession of all of her ribs.

About five months since was called in consultation, and while on the way to the place was informed by the attending physician that his diagnosis was ectopic pregnancy, with dead foetus, and ruptured tube, and the following Thursday was set for an operation. We listened to the interrogations of the attendant, and marked that the patient was as easily led as a pet lamb, answering all questions in the affirmative, and we mentally eliminated all of the history. At his conclusion, we were invited to examine the patient, which we did by the bimanual method, and retired to the consulting room, where we informed him that a tumor the size and shape of a two and a half months' impregnated uterus was found in the lower left quadrant of the abdomen and could not be isolated or differentiated from the body of the uterus. Returning to the room, a re-examination was made by him and the patient informed that quite a change had taken place since his examination a few days previous, necessitating a delay of the operation to some future time. A few days after this the woman returned to her home in an adjoining State, having been visiting her mother here, and nothing definite has been heard of her since. The attending physician in this case was a New York post-graduate and since then has taken another Eastern post-graduate course.

Let no reader think that because of the reported successful cases we make no mistakes. We do, but pleased to say, that they are by no means as numerous or as gross as those of some of our competitors.

In conclusion, we desire to say that no physician can have too profound a knowledge of the subject under discussion or too many works on the subject of physical or practical diagnosis.

THE SCHOOL PHYSICIAN—WHO SHALL HE BE?

Amy Robinson, M.D., Hastings, Neb.

The school physician or medical examiner is a physician recommended by his county medical society, and appointed or hired by the school board or directors to look after the health of pupils in the schools and the general sanitary conditions in and about the school buildings, and incidentally to instruct the students as to whom they should go for their various bodily ailments, always remembering in their selection the special favored so-called Regulars.

This is certainly one branch of the great A. M. A. trust that has proven a success for them in many localities. The writer is familiar with coincidences where there was strenuous efforts made to dissuade the people from employing Eclectic physicians, stating they had best employ a *real doctor,* but, fortunately, the people often think for themselves, and when the services already rendered are satisfactory they are not so easily influenced. We believe the pretended principles of the school physician are of the very best, but the methods oftentimes employed are radical and unjust.

The object of this branch of the great medical trust is to select for this position some "dyed-in-the-wool" member, who can eloquently respond to any solicited request for "speech-making" in the local or neighboring localities, as to health conditions as they exist and what the M.D.'s over the country (who are educated from the best medical colleges, here inserting the trust requirements) can and are doing for the prevention of disease and the preservation of health. They work themeselves into the woman's clubs, the mothers' meetings, and many other places where it is possible to appear and solicit a hearing in behalf of the trust and its office-creative motives, and to a great extent it is working nicely, and adding sympathy to the movement.

Let us be up and doing, for the people are ready for the real light, and close organization and work on our part will put a stop to this monopoly.

DISCUSSION.

Dr. Lambert: I am much interested in this paper and this subject. I believe it is impossible for any one physician to be examiner of the schools generally. If anyone is selected as school examiner, the rest are jealous. In the small towns it might work to have a trained nurse who would educate the teachers to recognize troubles, and refer them to a physician. Blanks can be prepared that will cover all the little troubles. The school physician is all right in a large town, where a man can be put on salary, and do absolutely no general practice.

Dr. Baird: Here is another plan. Your society of physicians could

take turn about to visit the schools. One man serve for a certain length of time; then another take it.

Dr. Wilmeth: I do not think that in doing this public work we should attempt to inculcate Eclectic methods any more than any other methods. Let us educate the people, and then let them choose. If the work is being well done, let it alone. We are not true to our school unless we recognize good wherever we find it, and this should be our plan in public work also.

Dr. Mundy: In regard to school inspection, I find that the authorities usually employ men with a pull, and not the men competent and fitted for the work. I do not want that man to examine my child. I remember that when I was a boy of fourteen, I was examined at school for my eyesight. I had always known that something was wrong with my eyes, but when I was sent home for glasses, my guardian stated politely that whatever was done for my eyes would be done from the home end, not from school. This is rather the American standpoint. I am not afraid of a man who knows his business, but I would be afraid of the "man with the pull."

Dr. Helbing: In regard to the school physician and the need of a good man for it, I talked to our high school boys not long ago, and I talked straight from the shoulder. I told them what the diseases are, and the dangers of them. I am treating school boys for gonorrhea, and I know that even that young they need this information. Most people need it, for they do not know. Talk to the women and the school children.

DIABETES MELLITUS.

N. M. Dewees, M.D., Cambridge, Ohio.

Diabetes mellitus is described as a constitutional disease. It is characterized by a loss in part or wholly to assimilate the carbohydrates of the food. That it is primarily a functional disturbance, and that the change of structure observed in subjects who have died of this disease, is the result, and not the cause, I am fully persuaded. It is the most difficult of all functional diseases to treat successfully, with the exception of epilepsy.

In the treatment of this disease, two things are to be kept in view: Sustaining the strength and weight of the patient; and lessening the secretion of animal sugar by the kidneys.

Hygiene.—This is of much importance. The patient should have cheerful surroundings, should have frequent tepid baths, the skin being rubbed until it is dry and red, fine woolen underclothing worn, and the sleeping room especially should be large and well ventilated. Excesses of all kinds are to be avoided. While there is free sugar in the blood, mental or physical exertion tire the diabetic very quickly and a little beyond this, he is prostrated, from which he recovers very slowly; while, when the blood is free from that substance, they may be able to do nearly as much work as under normal conditions. Walking in the open air is the best form of exercise.

Diet.—For a while, all carbohydrates are prohibited. All kinds of meat and fish, with the exception of oysters and mollusks; game, cheese, milk, nuts, with the exception of peanuts and chestnuts; cabbage, and all kinds of greens are allowed.

Bread made of bran, milk, eggs and shortening, makes a good substitute for the ordinary article. After being mixed, it is spread thin in a pan and baked for several hours; during the process, the top should be moistened from time to time with milk to form a crust, so it can be eaten with butter, the soft part with cream or rich milk.

This is very important. It is bulky; an item when one is on a strict proteid diet; it helps the digestive organs and keeps the stomach and blood sweet; it gives a sense of satisfaction akin to that of eating ordinary bread.

Wheat bran contains as much nutriment pound for pound as white flour. After the urine has been free from sugar for two weeks, the carbohydrates are carefully added to the bill of fare, the urine being examined every day for sugar to determine its effect. One item only is to be added at a time. This may be increased if the urine remains clear of sugar. Should sugar occur, the quantity of the carbohydrate is lesssened or abandoned altogether for a time. There is a very great difference in the form of starch as to the ease with which it can be assimilated.

The more wholesome forms are lentils, rice, and baked Irish potatoes. The lentil is very nutritious; it contains about 33 per cent. starch and much nitrogenous matter. These are soaked over night, the water thrown away, then cooked with bacon or butter en casserole for several hours. Add these in small quantity to the bill of fare, and carefully watch results. The quantity may be increased or decreased according to the patient's ability to assimilate. It is best to allow lentils one day, boiled rice without sugar the next, and baked potato the next. Of fruits, the apple is the best borne. As the patient's power to assimilate carbohydrates increases, the quantity allowed is proportionately increased.

Medication.—In my experience in the treatment of this disease, I have found but two drugs worthy to be classed as remedies.

Specific fragrant sumach is indicated when there is over-activity of the kidneys, the patient voiding more urine than normal. Give from one to six drachms, glycerine to make four ounces, a teaspoonful every three hours. This lessens the quantity of urine, helps to overcome thirst and also helps to sustain the patient's weight and strength. The elixir podophyllum is indicated when there is sugar in the urine, whether the quantity of that fluid is excessive or scanty.

All Eclectics know the value of this drug in functional disturbance of the liver. It also exerts a direct influence on the pancreas. I shall digress enough to tell how I know this. The pancreas secretes a substance called indol, which gives the dejecta their characteristic odor; when the feces are almost odorless, or the odor is perverted, a few doses of this medicine will promptly restore it. This medicine very materially increases the power of assimilation. Very much more of the carbohydrates can therefore be given than without it. If the patient be constipated, a teaspoonful is prescribed night and morning or before meals, until the bowels begin to act,

then a teaspoonful half hour before breakfast every day, every other day, or every third day to keep the bowels in a healthy condition. For the pruritus, if it occurs about the genitals or the inner parts of thighs, libradol is the remedy; if it occurs on the bottoms of the feet, where it sometimes does, a hot foot bath will give prompt relief.

A SINGULAR CASE OF REFLEX ACTION.

J. R. Borland, M.D., Franklin, Pa.

Some years ago I was called by a physician to a distant city to see a case that had puzzled him. We went to see the patient—a woman about twenty-two years of age, robust build, sanguin-lymphatic temperament—the latter predominating. She was sitting in a chair. I sat down beside her and she gave me a history of her trouble. She had been troubled over a year with a pain in the inner aspect of the right thumb of a periodic character, and by times quite severe. Had seen physicians in Pittsburgh who advised exsection of the nerve, to which she did not consent. The pain grew worse and by times so excruciating as to be almost unbearable, and my friend was called, but he could give but little relief.

After getting a history of the case and the doctor's treatment, I decided it was a case of *spinal irritation.* Getting up and stepping behind her, I placed my thumb, with considerable pressure over the intervertebral space, whence issues the *brachial nerve,* a branch of which *via* the radial nerve supplies the thumb, when she exclaimed, "Oh, but that hurts." The doctor was surprised. It was a revelation to him. Calling him into an adjoining room, I said, "The best and quickest relief will be a blister applied over the region whence emerges the brachial nerve." He said, "All right, we will put it on."

A cantharis plaster two and a half inches by three and a half inches was applied over and about two-thirds to the right of the spine and directions given as to its treatment and when the part was well, a second blister to be applied. Her bowels to be kept open with salinic laxatives; and intestinal antiseptics to be given for a few days. The second blister was not needed as the first gave prompt and permanent relief. At last accounts she had no return of the trouble. It was no doubt caused by auto-toxemia.

PHYSICAL DIAGNOSIS.

L. S. Downs, M.D., Galveston, Texas.

As a school of medicine we are giving too little attention to the spectacular and especially the diagnostic side of medicine. In other words, the average Eclectic depends almost wholly upon his therapeutical ability and forgets or neglects his diagnosis. Of course this does not apply to all Eclectics, for we have a goodly number of most efficient diagnosticians who would be a credit to any school of medicine. It not only makes us better doctors but it gives tone and professional standing to the physician

who has the paraphernalia and knows how to use it in physical diagnosis. There is a tendency on the part of some of our Regular friends to be a little too scientific when it comes to physical diagnosis; but there is something captivating to the inexperienced by a display of scientific erudicity and many physicians use it more for effect than for information. The patient and the gaping friends look with a feeling of awe upon the glittering instruments and diagnostic appliances of the average medical tyro, while the man with hoary locks and bulging brow, without these modern devices, is wholly ignored.

Some few years ago there came to my attention an exaggerated case diagnostically, which will demonstrate the above proposition. I had been attending a case of cerebral concussion, the result of a demolished house in a storm. The patient was convalescing nicely but taking on a slight indisposition due to some dietetic indiscretion. The friends asked for consultation. The daughter was a semi-professional nurse, who had met and greatly admired a young doctor in an adjoining city, insisted on having the benefit of his wonderful skill in diagnosis. The said scientific gentleman was summoned to meet me at an appointed hour the next day. On arriving at the appointed place I found my professional friend had preceded me about sixty minutes and apparently had the case well in hand. The contents of two large instrument-cases was well displayed on several tables and general preparations were being made for what appeared to be a formidable operation. It is not necessary for me to give in detail just what he did not have, for he had everything he could carry, from a fever thermometer to a sterilizing outfit. He proceeded at once to sterilize everything except the stove. With coat removed and sleeves rolled up he tortured that poor old soul for one solid hour. All his findings were carefully written on a printed blank which he had prepared for his own special use, and at the close of the ordeal he multiplied, added and computed until he solved the diagnostic problem in the following cognomen: Cerebral hyperemia with a complication of mitral stenosis and chronic nephritis. The name without the terrible diagnosis was enough to kill the patient, but the real climax in this little therapeutical tragedy was the treatment. Most of you no doubt will recognize the marvelous formula when you hear it: Hydrargyrum Com., grs. iii; Sodi Bicarbonas, grs. xx; M., Ft. Chart, No. xx. Sig., one t.i.d., in Infusi Digitalis.

I suggested one or two remedies but he thought they were not indicated and he preferred to use pharmaceutical preparations; notwithstanding that it was necessary to send forty miles for the medicine prescribed, and that it would be at least twelve hours before the patient would have the effect and benefit of this potent remedy. It is not necessary for me to state that I lost my case and the learned doctor lost his patient, for there was a first-class funeral at that home in less than a fortnight.

While this is an aggravated case, it shows conclusively that the people want something mystifying and out of the ordinary. It demonstrates

also that something visible and somewhat spectacular has far more weight in the eyes of the laity than real wisdom; and while all can acquire the former but few of us may have the latter. To demonstrate more fully the present state of Eclectic lethargy as to the diagnostic problem, I will take the liberty of referring to a case that recently came under my observation.

One of our leading Eclectics in Texas suddenly became aware that he had a heart because of some very unpleasant symptoms on the least exertion. After consulting one or two of his Regular friends in his own city, he was advised to go at once to Galveston and see the occupant of the chair on Physical Diagnosis and Therapeutics in the State University; which he at once proceeded to do, with satisfactory results, providing he used his own remedies for the disease named.

Whether or not he first consulted any member of his own school, I can not say, but if he did, it is quite evident that he was not satisfied and did exactly what thousands of other people do, and just what we would expect a sensible man to do, consult the man with a reputation of doing such things thorough and well. It is not wisdom or good sense on our part to condemn our patients if they leave us and go to the man with a reputation of diagnosing diseases right, for most men want to know just what the malady is and do not stop to count the cost. The only sensible thing for us to do is to make ourselves masters of the art of diagnosis and take our places beside the dominant school as thorough diagnosticians.

This article might terminate here very nicely, but there is little use to point a fact or a moral without demonstration or proof of its truthfulness; so, with a little indulgence on the part of those who are thoroughly familiar with all the technique and paraphernalia of the diagnostic art, I will as briefly as possible endeavor to demonstrate the logic of my argument by citing a case or rather by going over the ground necessary to diagnose a very common disease.

A heart lesions is perhaps the most important affection in the eyes of the laity, I will take up the most essential features in a systematic examination of cardiac disease. I do not pretend to be a heart specialist nor an expert diagnostician, but what I say may not eb wholly familiar to a few present, and for their benefit I will take the liberty of imposing a little stale matter upon our more fortunate brethren.

The average patient suffering with what he has been led to believe is "heart disease" will readily disclose his apprehensions and proceed to make known to you all his symptoms and will give you a detailed account of his experiences with other physicians. This is important not that all he tells you will be valuable information, but it gives the examining physician an opportunity to judge his prospective patient as to his reliability and veracity. When he has expatiated to your satisfaction sidetrack him on to his family history.

This is an important feature in diagnosis of all chronic diseases. If

father or mother or other closely related member of the family are subject to heart affections we may with some degree of certainty assume that there is some heart lesion; so we may without loss of valuable time proceed at once to a physical examination of the heart.

We first take the pulse; if it is abnormal we immediately put our patient through a system of gymnastics such as deep and rapid breathing, walking, running, climbing stairs and various other exercises, such as the use of the spirometer and hand pump, two of the most valuable tests for certain heart troubles. If these exercises develop a rapid or tumultuous heart beat we may at once decide that there is at least some functional or sympathetic derangement. Arriving at this stage of the diagnosis it is now most essential that we recall some of our anatomy of the heart.

To distinguish between an atrophied or hypertrophy we must know the size of the normal heart. To know and distinguish between the normal and abnormal sounds we must first familiarize ourselves with the relative position of the apex, the base and especially the various valves of the heart and their position in relation to the anterior chest wall; and be able to readily detect the normal from the abnormal sounds.

Having thoroughly in mind the above conditions we may at once proceed with percussion. This may be easily and well done with the fingers but it is more desirable for many reasons, which we all readily understand, to use a neat percussion hammer. This gives us the relative size of the heart and a possible effusion of either water or air into the pericardium. Palpation is now resorted to and this is best done with the hands. This procedure may elicit a grating or rasping movement and the volume of the heart beat. Here we may have pericarditis or myocarditis and various valve lesions.

Perhaps the most important diagnostic procedure in examination of the heart is auscultation. This may be well and satisfactorily done by applying the ear to the chest wall, but for many reasons this is not the best way. Every physician should be in possession of one or two good stethoscopes and know how to use them; for it is really an art to examine a patient thoroughly and properly with a stethosope. What do we find here? Let us first search for the apex beat. This is usually found at the juncture of the costal cartilage of the left side with its rib or possibly to be absolutely correct, at the intercostal space of the fifth and sixth ribs opposite to their connection with their cartilages. The position of the heart is generally well determined by the location of the apex beat. Other and important lesions of the heart are partially determined by the nature of the apex beat, but we will not go into detail, as that is easily learned from any good author on heart disease. I can not hope to do more than outline the procedure and give but few of the abnormal symptoms to be found under each diagnostic feature.

A proper examination of the heart can not be made without a thorough knowledge of the various valves of the organ. The tricuspid valve between

the right auricle and right ventricle is the seat of most heart lesions, and is located immediately behind the median line of the sternum, at a point where the fifth costal cartilages are attached to that bone. Just above and at the left border of the sternum where the cartilage of the fourth rib is attached is located the mitral valve, which guards the opening between the left auricle and left ventricle. Just above and where the third costal cartilage joins the sternum are located the systemic and pulmonary aortic openings guarded by the semilunar valves. Although these two orifices overlap each other they may be distinguished from each other by the course of the blood; auscultation of the pulmonary semilunar valves may be practiced over the sternal end of the second left intercostal space, while that of the systemic valves is best performed over the sternal end of the second right space.

If we ever hope to be expert in the examination of the heart it is very essential that we know the exact location of the important valves of the heart and their normal as well as their abnormal sounds; for the greater variety of functional and structural diseases find their source in the valves of the heart.

It is not the intent of this article to give a detailed diagnosis of the heart but rather to show the importance of diagnostic technique; and while this terminates the average procedure in examination of the heart in the light of modern scientific investigation, there is yet a valuable means of determining various heart lesions perhaps of more vital importance than all we have so far accomplished. I refer to the sphygmomanometer. As this is an instrument used but little by the profession generally, I will briefly demonstrate its application and use. By it we not only determine the blood pressure and many serious heart lesions but it is one of the surest tests for other morbid conditions.

The average blood pressure of adult males of all ages is about 127 mm. The average blood pressure for females of all ages is abut 120 mm. From the ages of fifteen to thirty, the blood pressure is about 122 mm. From the ages of forty to sixty, it is about 132 mm. To bring more forcibly to the minds of those who have given this matter but little thought, the valuable and possible use of this little instrument, I will quote from a few experienced operators in blood pressure diagnosis. The literature at my disposal is rather limited but sufficient may be gathered from same to demonstrate the wide use to which some of the profession have put this instrument.

In quoting authors on blood pressure, first position should be given Sir Lauder Brunton. We have the following from this authority: It seems to be proven by experiment that high tension will lead to the production of arteriosclerosis and atheroma, and therefore it is of the utmost importance to ascertain the tension of patients in middle life. A recent editorial in the Journal of the American Association, Oct. 1, 1910, discussing Elliott's article, voices the present sentiment: "Increased blood

tension, which is now early recognized and actually measured, is the forerunner to all that may happen to a well man. Whatever the cause, the etiological factor must be removed or the condition will sooner or later cause cardiovascular-renal disease with its various serious sequelæ."

Lowsley shows low tension in conditions of physical exhaustion; Munzer, cachexia, exophthalmic goiter, and Addison's disease; Sizary, in tuberculosis. Emerson says that "hypotension or subnormal blood pressure is universally found in advanced pulmonary tuberculosis."

Cook says: "Continuation of hypotension seems never to accompany improvement in tuberculosis, and prognosis can safely be based on the changes in blood pressure as well as pulse and temperature."

You may readily determine from the above that examination of most any chronic disease without the sphygmomanometer would be incomplete, and the doctor making the examination would be seriously handicapped in his prognosis and line of treatment. To be a thorough diagnostician a doctor must be equipped with all or most of the mechanical appliances used in such work. A good carpenter may construct a beautiful cabinet with but few tools but he can do it quicker, better and with more general satisfaction with a full kit of good tools. The experienced physician may readily diagnose most any ordinary disease with but few appliances, but to diagnose any serious disease properly, one must be thoroughly equipped for the work.

DEMONSTRATION OF THE SPHYGMOMANOMETER.

Dr. Hamlin: It does not seem to me that this instrument would be of very much value to us. If you have a full pulse you know what to do, and if you have a feeble pulse, you know what to do then. Of course, it would be necessary in life insurance work, but I do not think it would be very valuable to the general practitioner.

Dr. Daniels: We have used this instrument for years, and have found it very valuable. I do not care for diagnosis; I want symptoms. You can treat diagnosis and I will treat symptoms. Well, this instrument helps to show me the symptoms.

Dr. Wimer: We have to have the dollars, though, and that is one thing this instrument will do. It will show us to be up-to-date and progressive, and that will bring in the dollars.

Dr. Baird: There is something in learning how to use them. If I had had it years ago, it would have been a very valuable aid to me. The exact knowledge of the blood pressure that this will give us would certainly direct our treatment in certain cases.

Dr. Helbing: It will help you when the patient is rallying to know when to use a stimulant.

Dr. Ellingwood: Our knowledge is in its infancy on these points, but I think the time is coming when we will learn how to use these instruments, and will find them invaluable. When we know what will have a low blood pressure and what will have a high, we can not afford to lay aside an instrument that will show us. If you use this instrument in pregnant cases, you can tell when the kidneys are involved. I had a patient five months pregnant, who complained of constant headache. Dropsy developed fast, and all signs pointed to convulsions. She would have died

at six months, if I had not taken her blood pressure, and gotten busy fast. I used only veratrum, but such a change you never saw. Do not despise the thing you do not know. We have seen something of that in another school. I believe you can tell the early stages of pregnancy with that instrument.

Dr. Downs: We could get along without the fever thermometer, but what would we think of the doctor who did not have one? These are having a great sale, and we can not afford to be behind the procession. There is nothing like it for showing heart lesion. I had a patient with a blood pressure of 230. I brought it down to 140 with apocynum, and I studied his case with this instrument. It shows also in apoplexy.

The Free Prescription Fraud.—In a number of publications advertisements are appearing which state that the person whose name is attached was saved from death from a serious disease though some wonderful prescription written by a physician of unusual skill who would not allow his name to be used, because of medical ethics. The offer is then made to supply this prescription without charge. This prescription contains a number of ordinary ingredients, and then, under a technical name, calls for a large proportion of some patent medicine or proprietary drug. The government can not reach these people under either the Food and Drugs Act or the Postal Laws, because the scheme is so planned as to evade government laws. The United States Department of Agriculture, therefore, warns the public against this fraud.

Medical Martyrs.—"Each city has some doctors who are 'martyrs' to their fame, and to the fact reporters 'want to print the doctor's name.' It's 'martyrdom' for modest men who 'hate publicity,' to be dragged in the limelight where everyone can see. Naught but the call of duty could strengthen and sustain those 'martyrs to the public good,' through their distress and pain.

"Commission, or committee, investigate or talk; water, milk or white plague cures; those 'martyrs' never balk. The threat of front page headlines, those 'martyrs' can't appall, as they talk on Sex Hygiene, Bad Air or Alcohol. They lecture on Eugenics, on Plague Rats, or Typhoid; though this brings the publicity they 'wish so to avoid.' Though printer's ink should fall in showers, and printing presses roar, they falter not; they wade through ink as soldiers wade through gore! Their fearless declaration you may hear like vesper chimes; 'We'll do our duty though they print our names a million times!'

"Each city has such 'martyrs,' alas! How sad their fate! Their own towns their 'self-sacrifice' do not appreciate. *The prophet has no honor in the land he calls his own! Is it because in his own land the prophet is too well known?*"—*Dr. T. J. Sullivan, Seattle, Wash., in Medical Sentinel, September, 1913.*

The National Eclectic Medical Association
QUARTERLY

WILLIAM NELSON MUNDY, M.D. . . . . EDITOR.
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JUST A WORD.

It is only four months till the National will meet in Indianapolis. The officers are working hard arranging for a good profitable meeting. The president and officers of a railroad or the general and his staff of an army can not do good effective work unless they have the earnest co-operation of every separate individual connected with the enterprise. It is the same way with our National. Every physician that is a member should take an active interest in the work and do his or her best to boom Eclecticism. At least let us try it this year. It will be good for all of us.

W. S. GLENN.

HABIT-FORMING DRUGS.

The recent agitation against these drugs and the recent vicious legislation with its inspectors, etc., appointed for political purposes and not fitness, is another illustration of the hibernating propensities of the dominant school. Eclectics have not always slept and have often, like the reformer and the foreign missionary, been in the vanguard or else too advanced for the majority of the profession. As an illustration of the truth that we have for years been decrying their indiscriminate use, we reproduce some extracts from the *Eclectic Medical Journal* and from the pen of our teacher, Dr. J. M. Scudder. They were written only thirty and forty years ago, but he was ahead of his times.

"The Use and Abuse of Opium (Habit-forming Drugs).—You tell me that you find it impossible to dispense with opium or its salts in practice, for your patients must have relief from pain. You have tried various plans, but they have all failed, and you have been forced to fall back on opium and morphine. I have had this repeated to me so often that I conclude many of my readers have reached these conclusions * * *

It strikes me that when a man says he can not do without a drug, the best argument is to show him that thousands of physicians have done without it, and had quite as good success, perhaps better success, than those who employ it * * * I know that opiates can be dispensed with, and I know it in just the same way as an original Thomsonian or Homeopath knows it—by actual experiment. And I know, further, that disease is much more easily cured without, than with, opium or morphine."—*Eclectic Medical Journal,* 1887, p. 189.

"A New Dispensation.—Opium eating, the accursed habit that renders so many lives miserable, is to be charged to the profession of medicine. Physicians know the wrong, and yet continue to prescribe the drug in the most reckless manner. I will assert that it is not needed once in twenty times, where given, and my experience will warrant the statement that it need not be used at all."—*Eclectic Medical Journal,* 1886, p. 346.

"Anodynes in Disguise—And the Harm They Do.—We are rapidly acquiring the reputation of being opium eaters. To stay this tide, let the profession of medicine set its influential and scientific foot heavily upon the necks of those who are clandestinely poisoning the innocents. Away with opiated soothing syrups—away with genteel opium taking—away with harmful drugging with anodynes, and let us frown meaningly upon excessive indulgence in strong drink."—*Eclectic Medical Journal,* 1884, p. 244.

MEDICAL EDUCATION.

The recent absorption of the Boston School of Technology by Harvard College and the large gift to Vanderbilt University by the Carnegie Foundation are illustrations of the tendency of educational institutions to go with "Big Business."

There is a constant agitation for more money in large sums by colleges of every description. There is danger and a grave danger that the possession of such large amounts will beget waste, even profligacy, and our educational institutions will drift from the object of their foundation, the fitting of young men for the duties of life. Our informant says Harvard had equipment and endowment but no students, and in the absorption of the Boston School of Technology it will get the latter, but will no doubt be compelled to depart somewhat from its scholastic requirements for entering upon the study of the industrial pursuits. A somewhat parallel instance may be witnessed in theMedical Department of Vanderbilt University. The Carnegie Foundation have furnished the means and have no doubt exacted with the gift that the medical department will be conducted along such lines as it decrees. If our educators are correct, the Southland is not yet prepared for such advanced pre-medical requirements as enacted by the Carnegie Foundation and the spectacle will again be presented of elaborate building and equipment but no students. Time is an element that must be considerd in revolutionizing the educational standards of a nation.

Speaking of standards, Professor Welch, at the installation of C. R. Holmes as Dean of the Cincinnati University, made the assertion that our theoretical or laboratory studies had advanced sufficiently and it was now time to call a halt and pay some attention to the development or advancement of clinical teaching. He even doubted the advisability of the establishment of a hygienic laboratory as was advocated by some enthusiasts.

A knowledge of the so-called scientific or theoretical branches would be of no practical value without a working knowledge of how to put them to a practical use. This is what Eclectics and Homeopaths have been advocating for some years, and we daily come in contact with young men well grounded or informed in the so-called fundamental branches of medicine, but absolutely lost when it comes to the point of putting that knowledge to a practical use. The time has now arrived to put into some order, cohesive or co-ordinate shape or method the rapid demands made upon the medical schools and cease the constant additional demands made upon them.

A point was made by the President of the Board of Trustees that the medical schools of twenty-five or thirty years ago furnished some good men and physicians, men who had made their mark and who were worthy of emulation. The fact is, that many or most of the physicians seated upon the platform were the product of the time when only two years were demanded in a medical school and the scientific branches were not taught, the equipment was scanty and no pre-medical requirements demanded. I wonder if they would admit that their professional lives were failures. I doubt it, neither do I believe they have been. It is a practical illustration that, after all, the personal equation enters very largely into the problem, and that it is impossible, as one of the speakers said, to run all men through the same spigot, figuratively speaking. This same condition prevails in our entire educational system. Individualism is discouraged, prevented; automatism encouraged, made. We need more elasticity.

We have spoken of profligacy in the spending of money. Too much money is expended in buildings. Does it not seem folly to expend $250,000 to $300,000 in a building for the accommodation for about sixty or seventy students. Yet this was the wish of all the local speakers. The people in this instance, pay and support the same by taxation. Is it not simply local pride and a desire to outdo some other fellow? Piles of brick, stone and mortar do not represent good work, or a good teaching force. They may please the eye, and tickle our vanity, but they do not represent brains or make a good teacher. The tendency of educational institutions in this direction have progressed to such an extent that such men as Bryce and Marshall have sounded the warning and plead for the one time small college, where direct contact was had with the student by the teacher and a spirit of pride and emulation instilled into the student. Other advanced educators are seeing the same danger ahead and fear that that advance and the growth of materialism in our colleges has a deleterious effect upon our

civilization. Big business is entering into the control of our educational institutions and is responsible for this tendency toward materialism. I am aware they will deny it and I have seen it denied in the daily press, presumably authoritatively, but let anyone read the stipulations accompanying the gift and he will then be in a position to form his own opinion. It is time for our educational institutions to assert their manhood instead of bowing to Mammon.

Cincinnati has gone into the business of educating doctors and Ohio is invited to do so also. Why should the citizens of any municipality or State be taxed for the support of an Allopathic medical school any more than a Homeopathic or Eclectic school. I am aware the claim will be made that the two latter are sectarian, but the claim is false and the Allopathic branch of the profession is considerably more tainted with sectarianism than the others. I also concede that it is impractical for the city or State to support all "isms" in medicine, yet that does not form a legitimate excuse for the support of the dominant school. Personally I can not conceive it to be any more legitimate than for the State or city to support theological or law schools. The taxing of those opposed to the prevailing school looks very much like an infringement of the constitution and the civil rights bill. It is true they are very much in the majority, but "might does not always make right," even though it is said to be. Might can easily be oppressive and intolerant and is often so.

THE NATIONAL MEETING.

The time is rapidly approaching for our National meeting. I had hoped to present to our readers the completed program in this issue but am unable to do so. It will be ready for our June issue. The meeting this year is in a central location, easy of approach and in a locality where our school is strongest. We should have a large attendance and an interesting meeting. The thought comes to me, will the Middle West do as well proportionately as Texas, in our Dallas meeting? If it does, we will have the largest attendance in our history. Texas Eclectics did nobly. Will Ohio, Indiana and Illinois do as well? That remains to be seen. Get busy now and prepare your papers for our State and National meetings. New York holds its annual meeting during the present month, the first among our State societies to meet. We trust it will prove to be interesting and profitable. The old Empire State has some noble, earnest workers and we wish them well.

M.

NEWS AND NOTES.

Arkansas.

Dr. J. F. Barnes, formerly of Decatur, has moved to Silvan Springs.
Dr. Jonathan Darrough has moved from Paris to Sugar Grove.
Dr. T. L. Adams has moved from Rowell to Faith.

California.

The Los Angeles County Eclectic Medical Society held its regular session October 7. The essayist was Dr. A. J. Atkins, of San Francisco.

Dr. H. F. Cox has opened an office at 5600 York Boulevard, Los Angeles.

Dr. J. F. Farrer has opened offices at 2192 Shattuck Avenue; his residence is 1922 Virginia Street, Los Angeles.

Louis H. Freedman, M.D., has removed from Crowell, Texas, to 454 S. Figueroa Street, Los Angeles.

Florence Temple, M.D., has moved from San Francisco to 5255 Broadway Terrace, Oakland.

Dr. H. T. Webster has returned from his visit in Ohio to 2826 Myrtle Street, Oakland.

October 10, Governor Johnson appointed ten members of the State medical examining board under the law passed by the last legislature. Of these men, five are of the Regular school, two Osteopaths, two Homeopaths and one Eclectic. The men appointed are as follows: Dr. Harry E. Alderson, San Francisco; Dr. William R. Molony, Los Angeles; Dr. S. H. Buteau, Oakland; Dr. Frederick F. Gundrum, Sacramento; Dr. H. Clifford Loos, San Diego; Dr. D. L. Tasker, Los Angeles; Dr. W. W. Vanderburgh, San Francisco; Dr. Charles B. Pinkham, San Francisco; Dr. Robert A. Campbell, Los Angeles; Dr. H. V. Brown, Los Angeles.

The initial meeting of the State board of medical examiners was held in Sacramento, October 14. W. W. Vanderburgh, San Francisco, was elected President; Dr. Fred F. Gundrum, Sacramento, Vice-President; Dr. Charles B. Pinkham, San Francisco, Secretary, and Dr. H. E. Alderson, San Francisco, Treasurer.

Florida.

Dr. J. W. Daniel has removed from Midland City, Alabama, to Malone, Florida.

Georgia.

J. H. Moore, M.D., has moved from Atlanta to Hattesburg, Miss.

Illinois.

Dr. A. H. Christensen is now located at 654 Milwaukee Ave., Chicago; Dr. Rowland H. Phillips at 1526 W. Madison St.; C. J. Gorr, M..D, 2001 W. Madison St.; Max Thorek, M.D., 802-32 N. State St.; J. O. Propeck, M.D., 1133 Randolph St.; B. S. Henderson, M.D., 4749 Winthrop Ave.; Thomas A. Cahill, M.D., to 1457 W. Garfield Blvd.; Dr. D. L. Hagen, 336 N. Central Ave.; Orla Kuhn, M.D., 1526 W. Madison St.; R. P. Crawford, 7049 Lowe Ave.; Dr. Wm. Key, 1402 Lake St.; A. H. Carter, M.D., 1161 W. Harrison St.

Mary E. Williams, M.D., is now located at Westervelt.

At the first meeting of the new Illinois State Board of Health held in Chicago, November 3, it was announced that the policies of the late board as regards prosecution of violators of the medical practice acts of Illinois and the enforcement of the laws of sanitation, will be continued by the new board. Dr. George W. Webster, Chicago, was continued as president of the board.

Governor Dunne on October 28 appointed the following members of the State Board of Health: John A. Robinson, Chicago, to succeed Dr. Henry Richings, Rockford, term expired; Dr. Tullis B. Lewis, Hammond, vice

Dr. Perry H. Wessel, Moline; Dr. Robert D. Luster, vice Dr. Ralph E. Niedringhaus, Granite City, and Dr. Adam Szwajkart, Chicago, to succeed Dr. Charles J. Boswell, Mounds.

Indiana.

Dr. Henry E. Vitou, of South Bend, has been appointed by the County Commissioners as Secretary of the Health Board of St. Joseph County. Dr. Vitou is a native of England, a graduate of the Eclectic Medical College of Cincinnati, and has practiced in South Bend since 1896. Previous to this appointment, he was health officer of South Bend.

Dr. F. L. Hosman, of Indianapolis, has been appointed inspector of contagious diseases. The position carries with it a salary of $100.00 per month and does not interfere with his practice.

G. W. Washburn has moved from Lafayette to Anderson.

C. N. Crow, M.D., has moved his office to 1238 N. Illinois Street. Indianapolis.

C. L. Ritter, M.D., of Indianapolis, has moved to 219 Newton-Claypool Building.

Dr. R. H. Bunch has been installed Mayor of Muncie.

The State Board of Medical Registration and Examination met in Indianapolis, January 13, for reorganization; Dr. James M. Dinnen, Fort Wayne, was elected President; Dr. W. A. Spurgeon, Muncie, Vice-President; Dr. William T. Gott, Crawfordsville, was re-elected Secretary, and Dr. Moses S. Canfield, Frankfort, re-elected Treasurer.

Iowa.

Dr. M. P. Brown has moved from Hampton to 828 Brady Street, Davenport.

J. J. Craig, M.D., has moved from Ayrshire to St. Anthony.

Dr. L. L. Moench has moved from Kilkenny, Minn., to Montuth, Iowa.

Kansas.

The Jackson County Eclectic Medical Society was incorporated September, 1913. It meets in the auditorium of the New College Building the second Tuesday of each month at 8 p. m. President, E. M. Perdue, M.D.; Secretary, S. M. McCubbin, M.D.; Treasurer, O. A. Johnson, M.D. It has a membership of forty.

Dr. Wm. Jones has removed to Edgerton.

J. M. Westerfield has moved from Topeka to San Diego, Cal.

Kentucky.

G. E. Miller, M.D., has moved from Mt. Oreb, Ohio, to 416 W. 4th Street, Lexington.

Maine.

Dr. Clara A. Moore has moved from Portland to Lee.

Dr. J. C. Butterfield has moved from Guilford to Charleston.

Massachusetts.

The first meeting of the fall and winter of 1913-14 of the Boston District Eclectic Medical Society was held at the Quincy House, Boston, September 29. The President, Dr. R. J. Boynton, presiding. Papers were read by Drs. Wm. H. Hills, S. J. Birch and Pitts Edwin Howes.

At the forty-third annual meeting of the American Society for the study of Alcohol and other Narcotics, held in Philadelphia, December 3 and 4, Dr. Pitts Edwin Howes, Boston, was elected treasurer.

Michigan.

C. S. Robinson, M.D., has moved from Dowagiac to Hartford, R. R. 2.

Dr. W. E. Rowe has moved from Allegan to Grand Rapids.

Grace Hospital, Detroit, has removed sectarian distinctions, and now admits any reputable, competent physician to its staff, regardless of the particular school of medicine with which he may be affiliated.

Minnesota.

The State Board of Health has passed a rule authorizing and directing local health officers to placard premises where tuberculosis exists if proper precautions are not being taken by the patient or those in charge of the patient to prevent contagion.

Missouri.

Dr. F. M. Nufar has removed from 1810 O'Fallon Street to 5434 Easton Avenue, St. Louis.

Dr. A. W. Teel, formerly a member of the Missouri legislature, has removed from Kahoka to Glendale, California, and is limiting his practice to eye, ear, nose and throat.

Dr. N. A. Holden has moved from Clayton to Overland.

Dr. F. M. Planck has moved to 3611 Walnut St., Kansas City; C. S. Wolfe to 1107 McGee St.

Lillian L. Snow, M.D., has moved from Savannah, Mo., to South Chillicothe, Illinois.

Dr. Essie Bondurant has moved from Kansas City to Topeka, Kansas, 310 W. Sixth Street.

New Mexico.

Dr. Howe K. Riddle has located at Socorro.

Nebraska.

The Medical Department of Cotner University reports a good class of well qualified men and that prospects are bright for the future.

Dr. Spradling has moved his office from Thirteenth Street to the Walsh Block, and Dr. Andrus from Twelfth Street to the Burlington Block, Lincoln.

Dr. F. L. Wilmuth has been re-elected president of the State Anatomical Board.

Dr. Johannah Sorgan is located at Grand Island.

Esther Hospital, Lincoln, sustained considerable damage by reason of fire.

C. O. Fletcher, M.D., has moved from Ithaca to Santa Anna, California.

Dr. Chas. Protzman is located at Palmyra.

New Jersey.

Dr. Samuel Messenger has located at 58 Orient Avenue, Jersey City.

Dr. Martin Nemirow is located at Passaic.

Dr. Josph Lieberman has removed from the Bronx to 18 Paterson St., New Brunswick.

New York.

The monthly meeting of Eclectic Medical Society of the City and County of New York was held at Van Glahns Hotel, October 16, 1913. Dr. H. Harris presiding. The evening was devoted to clinical reports.

Do not forget the meeting of the New York Eclectic Medical Society, at Albany, March 1914.

Dr. Earl H. King was elected President of the Saratoga Board of Education.

Dr. H. Harris has removed his office from 565 West 139th St., to 3675 Broadway, New York City.

Dr. P. Marlowe has removed his office to 1558 Minford Place, N. Y.

Dr. F. A. Carpenter has moved from New York City to 422 Park Avenue, Waverly.

Dr. G. W. Simmons has moved from Richmondville to Onconta.

Dr. A. A. Bloomer has moved to 562 West End Avenue.

Ohio.

Dr. J. J. Sutter has been elected Mayor of Bluffton.

The Ohio Central Eclectic Medical Association met with Dr. R. B. Taylor, November 13. Papers were read by Drs. R. B. Taylor and F. O. Williams.

J. P. Harbert has removed his office to the Canby Bldg., Bellefontaine.

Drs. A. W. Hobby, of Sidney, and Van Buren, of Carey, enjoyed an outing in the woods of Maine during the winter.

G. W. Thiel, M.D., has moved from Camp Dennison to Columbus.

Dr. J. B. Barker, of Piqua, has been appointed an inspector under the workmen's compensation act for Miami County.

The Northwestern Ohio Eclectic Medical Association met in Lima, January 16. A large and enthusiastic meeting was held. Quite a large number of visitors were present.

Oklahoma.

Dr. E. G. Sharp, of Guthrie, visited Aransas Pass, Texas.

Dr. M. M. King has moved from Oklahoma City to Los Angeles, Cal.

Oregon.

Dr. J. E. Shearer has removed from Glendale to Grant's Pass.

Pennsylvania.

Dr. C. Johnstonbaugh, of Bethlehem, and Dr. William A. Stewart, of Pittsburgh, were appointed by Governor Tener as members of the Bureau of Medical Education and Licensure.

A. C. Reese has moved from Williamsport to Corry, care of Rich Sanitarium.

Under the authority given the State board by the act of assembly, approved April 27, 1905, rules and regulations have been promulgated by the board forbidding the use of common drinking cups unless boiled or disinfected after each use, forbidding the use of common towels, forbidding the use of a common brush by barbers unless disinfected after each use and providing that eating and drinking utensils in public eating places shall be thoroughly cleansed after each individual use. Impetigo contagiosa and scabies have been made reportable diseases, as has also ophthalmia neonatorum, by a separate act, approved June 5, 1913.

Texas.

Dr. H. H. Blankmeyer has been making an extended visit in Ohio.

Dr. Freedman has removed from Crowell to Los Angeles, Cal.

Dr. E. G. Sharp, of Guthrie, Okla., visited Aransas Pass during the winter.

Dr. L. V. Bates has removed to 509½ Austin Avenue, Waco.

Dr. C. Schultz has moved from Trinidad, Colorado, to 1013 Texas Ave., Houston.

Dr. H. V. Whitney has removed from Springfield, Ill., to 1004 Travis Street, Houston.

Washington.

Governor Lister on November 15 announced the appointment of a new Board of Medical Examiners. From the Regular school Drs. Robert Percy Smith and Andrew J. Nelson, Seattle; Royal A. Gove, Tacoma; Jesse J. Tilton, Toppenish, and Conrad N. Suttner, Walla Walla, were appointed. Drs. James A. MacLachlan, Dayton, and Elmer D. Olmsted, Spokane, are representatives of the Homeopathic school, and J. R. Walker, Sunnyside, and J. E. Hodgson, Spokane, are the Osteopathic members of the board.

The State Board of Medical Examiners at its meeting in North Yakima, November 30, elected the following officers: President, Dr. R. P. Smith, Seattle; Vice-President, Dr. J. L. Walker, Sunnyside; Secretary, Dr. Conrad N. Suttner, Walla Walla, and Treasurer, Dr. A. L. Nelson, Spokane.

OBITUARIES.

Arnold, William Bertram, Eclectic Medical Institute, Cincinnati, 1879, at his home in Rockford, Ill., November 23, aged seventy-two.

Blanchard, Alba G., Eclectic Medical Institute, Cincinnati, 1882, at his home in Creston, Ill., October 28, aged sixty-five.

Coleman, Alexander King, Eclectic Medical College, Des Moines, Iowa, 1884, at the home of his son in Selma, California, December 28, aged sixty-two.

Cooper, William C., Eclectic Medical Institute, Cincinnati, 1867, at his home in Cleves, O., December 7, 1913, aged seventy-eight.

Crum, Joseph D., Eclectic Medical Institute, Cincinnati, 1881, at the home of his son in Kalamazoo, Mich., November 1, aged sixty.

Cullum, Francis M. (Arkansas, 1908), at his home in Hartman, November 3, aged fifty.

Deming, Daniel P., Eclectic Medical College of Pennsylvania, Philadelphia, 1871, at his home in Cass City, Mich., December 22, aged sixty-nine.

Drollinger, Erastus Manford, Eclectic Medical Institute, Cincinnati, 1878, at his home in South Bend, Ind., October 2, aged sixty.

Fritz, John A., California Eclectic Medical College, Los Angeles, 1895, of San Francisco, September 26, aged fifty-three.

Gadd, Benjamin T., Eclectic Medical Institute, Cincinnati, 1865, at the home of his daughter in Colfax, Iowa, December 9, aged seventy-six.

Hendricks, Albert W., Eclectic Medical College of Pennsylvania, Philadelphia, 1871, at the home of his sister in Philadelphia, November 19.

Jordan, Michael A., Eclectic Medical Institute, Cincinnati, 1878, at his home in Logansport, Ind., December 13, 1913, aged fifty-eight.

Lamb, Elmer E., Eclectic Medical University, Kansas City, Mo., 1911, at his home in Kansas City, October 8, aged forty-eight.

Leslie, James Franklin, Eclectic Medical Institute, Cincinnati, 1900, in an automobile accident, near his home, Waterville, Wash., November 23, aged forty-two.

Linder, Adolph E., American Medical College, St. Louis, 1897, at his home in East St. Louis, December 27, aged forty-two.

McDonald, James A. J., Eclectic Medical Institute, Cincinnati, 1883, at his home in San Francisco, December 20, aged sixty-two.

Poston, John Walter, Eclectic Medical Institute, Cincinnati, 1873, at his home in Maury City, Tenn., November 5, aged sixty-three.

Pyrum-Perry, Elizabeth G., Eclectic Medical College of the city of New York, 1882, at Fryeburg Center, Me., November 7, aged ninety-three.

Reynolds, Robert Henry, Eclectic Medical Institute, Cincinnati, 1872, at his home in Greenwich, Ohio, September 20, aged sixty-seven.

Rutherford, Leonidus A., Eclectic Medical College of the city of New York, 1877, at his home in Kinston, N. C., October 23, aged sixty-three.

Shoemaker, Levi, Eclectic Medical Institute, Cincinnati, 1887, at his home in Wyant, Ill., December 18, 1913, agd fifty-nine.

Snowden (License Ark., 1903), at his home in Center Ridge, Ark., September 30, aged sixty-five.

Thurston, William, American Medical College, St. Louis, Mo., 1880, at his home in Orland, Cal., November 26, aged ninety-two.

Williamson, Joseph G., Bennett Medical College, Chicago, Ill., 1882, at his home in Montague, Mich., November 5.

SECTION OFFICERS.

Practice—President, E. J. Latta; Vice-President, R. V. Lambert; Secretary, B. W. Mercer.

Surgery.—President, E. B. Shewman; Vice-President, W. N. Ramey; Secretary, W. N. Holmes.

Obstetrics—President, J. D. McCann; Vice-President, Nannie M. Glenn; Secretary, Oran Newton.

Materia Medica—President, Benj. L. Simmons; Vice-President, Frank Webb; Secretary, Charles E. Bush.

Public Health—President, H. Cummins; Vice-President, B. H. Alexander; Secretary, O. C. Baird.

Mental and Nervous Diseases—President, T. D. Adlerman; Vice-President, J. W. Kannell; Secretary, Mrs. R. V. Lambert.

Gynecology—President, H. H. Helbing; Vice-President, O. C. Welbourn; Secretary, J. R. Duvall.

Orificial Surgery—President, M. M. Hamlin; Vice-President, ————; Secretary, ————.

Pediatrics—President F. D. Williams; Vice-President, ————; Secretary, ————.

Round Table—Finley Ellingwood, L. E. Russell, G. W. Boskowitz.

The meeting will be held at the Hotel Severin, which has 400 rooms, each with a bath. Sixty rooms, at $1.50 per day, and up to $4.00.

THE NATIONAL

Eclectic Medical Association

MEMBERSHIP LIST

Revised to March 1, 1914.

Any errors, omissions or changes of address should be sent to the National Secretary, William P. Best, M.D., 2218 E. Tenth Street, Indianapolis, Ind.

Fourteen (14) indicates the member's dues are paid in full to June 1, 1914. Thirteen (13) indicates membership paid to June 1, 1913. Both these sets of members are now getting the Quarterly. Under the heading of delinquent members, the number indicates the last year of payment. Reinstatements for two years' dues must be made through the State Secretary, if any, otherwise direct to Secretary Best.

ALABAMA.

Christian, J. N., Falco..... 13
Eldridge, M. W., Dothan..... 13

DELINQUENTS.

Daniel, J. W., Midland City..... 12
Simmons, B. K., Blue Springs..... 11

ARKANSAS.

Allison, Wm. M., Quitman..... 14
Barnes, James F., Decatur..... 13
Beard, J. M., Rayburn..... 13
Berrow, A. W., Hot Springs..... 13
Boyce, Samuel G., Little Rock..... 14
Burlingame, R. W., Paris..... 14
Burlingame, H. O., Paris..... 14
Childress, A. J., Athens..... 14
Choate, W. G., Kempner Building, Hot Springs..... 15
Clay, M. T., Little Rock..... 14
Clements, G. D., Auvergne..... 13
Cook, J. D., Edgmont..... 14
Crandall, J. M., Charleston..... 13
Cullum, F. M., Hartman..... 14
Dallenbaugh, C. W., Pine Bluff..... 14
Darraugh, J., Sugar Grove..... 13
Duren, V. E., Hot Springs..... 13
Ferguson, J. A., Oneida..... 13
Foster, J. R., Argenta..... 13
Gardner, L., Atkins..... 14
Gardner, R. H., Pottsville..... 14
Gilday, James, Geridge..... 14
Grist, J. F., Danville..... 13
Jermigan, R. M., Fitzhugh..... 13
Laman, G. T., Cave City..... 14
Laws, C. E., 716 Garrison Ave., Ft. Smith. 14
Leming, E., Danville..... 14
Lewis, J. F., 501 State Bank Building, Little Rock..... 14
Lewis, J. W., Booneville..... 14
Lewis, Wm. H., Athens..... 14
Lynch, Hattie A., Rector..... 13
Messenger, C. D., Hot Springs..... 13
Miller, T. C., Huntington..... 13
Moreland, S. W., Jonesboro..... 14
Moreland, W. H., Jonesboro..... 14
Nixon, M. C., Smithville..... 13
Parks, Chas. H., Truman..... 14
Pennington, J. W., Prairie View..... 14
Pinkerton, A. L..... 14
Prichard, Allen C., Conway..... 14
Ratterree, I. C., Little Rock..... 13
Shaw, John, Jersey..... 14
Simmons, W. H., Rector..... 13
Smalle, W. W., Hot Springs..... 13
Stevenson, E. H., 801 Garrison Avenue, Ft. Smith..... 14
Stevenson, J. E., Ft. Smith..... 14
Sullivan, E. L., Poughkeepsie..... 13
Tatman, A. E., Eureka Springs..... 14
Tatman, Pearl H., Eureka Springs..... 14
Tibbles, W. O., Poughkeepsie..... 14
Weatherall, W. M., Garnett..... 14
West, J. B., Floyd..... 13
Yancy, J. M., Ward..... 14

DELINQUENTS.

Acree, W. E., St. Paul..... 10
Dabney, W. P., Combs..... 12
Foster, R. C., 2710 High St., Little Rock. 11
Graves, D. W., Ft. Smith..... 10
Graves, Mary J., Ft. Smith..... 10
Hale, E. G., Nashville..... 10
Hare, William E., Little Rock..... 12
Hinkle, J. W. C., Mountain View..... 12
James, D. E., Pine Bluff..... 12
Jinks, W. F., Brookland..... 11
Luman, C. H., Langley..... 12
Parker, G. C., Belleville..... 12
Rockwood, E. M., Ft. Smith..... 12
Smith, R. L., Russellville..... 11

CALIFORNIA.

Abbott, George B., 712 Union Oil Bldg., Los Angeles..... 14
Atkins, A. J., 801 Shreve Building, San Francisco..... 14
Bailey, Wm. C., 107 Henne Building, Los Angeles..... 14
Baird, Alexander P., 809 Eagle Rock Ave., Los Angeles..... 13
Ballard, W. H., 508 Slavin Bldg., Pasadena. 14
Barbrick, J. F., Consolidated Realty Bldg., Los Angeles..... 14
Beard, James, 501 Fay Bldg., Los Angeles. 13
Bolton, Blanch M., San Pedro..... 14
Bolton, M. B., Johnsville..... 13
Bond-Hughes, Anna L., Lindsay..... 14
Brockman, W. H., Box 212, Bakersfield.. 14
Brown, H. V., 643 Euclid Avenue, Los Angeles..... 14

Burleigh, Geo. W., 401 Pantages Theater Building, Los Angeles..... 14
Byron, Wm. P., Lemore, King's County.. 14
Cheney, Florence V., Turlock..... 14
Childs, B. N., Santa Maria..... 13
Coates, G. L., Loyalton..... 13
Coates, W. D., Cedarville..... 13
Conrad, A. O., 517 South Broadway, Los Angeles 14
Cox, Herbert T., 600 York Building, Los Angeles 14
Crance, A. J., Pasadena..... 13
Darling, O. C., 883 Main, Riverside..... 14
De Angelis, Augusta, 337½ S. Hill St., Los Angeles..... 14
Dougall, J. Park, 226 Stinson Bldg., Los Angeles 14
Farrar, J. T., 1922 Virginia St., Berkeley.. 14
Fearn, Walter H., Lake Port..... 13
Ferguson, W. P., Santa Ana..... 14
Foley, Robert E., Union Block, Stockton.. 14
Forster, W. M., 709 Van Ness Ave., San Francisco 14
Foss, Hugo, 223 W. 2d St., Los Angeles.. 14
Fox, Walter C., Kennett, Shasta Co..... 14
Gere, G. G., 524 Pacific Building, San Francisco 14
Gibson, Wm. S., 1954½ East First Street, Los Angeles..... 14
Goyette, Sidney A., Lookout..... 14
Hailstone, Chester E., 504 Bumiller Bldg., Los Angeles..... 13
Harvey, E. R., Long Beach..... 14
Harvey, Geo. W., Big Pine..... 14
Harvey, Wm. A., 520 Pacific Building, San Francisco..... 14
Hervey, C. H., 33 N. 3d St., San Jose... 14
Hoffman, R. O., 211 Granger Bldg., San Diego 13
Hubbard, B. Roswell, Ferguson Building, Los Angeles..... 13
Hunsaker, H. W., Pacific Building, San Francisco 14
King, Wm. M., Gen. Del., Los Angeles... 14
Kurpiers, Frank S., 337½ S. Hill Street, Los Angeles..... 14
Lavery, Wm. A., Sierra City..... 14
Leix, Frederick, Sonoma..... 14
Litchfield, Judson, Ukiah..... 14
Maclean, D., 948 Market Street, San Francisco 14
March, Wm. B., Burson..... 13
Mason, W. M., Box 136, Lodi..... 13
Mealand, Chas., 718½ K St., Sacramento. 14
Meracle, Geo. O., Dusaw Bldg., Selma.... 14
Mercer, E. H., 111 Ellis Street, San Francisco 13
Mitchell, J. B., 718 Shreve Bldg., San Francisco 14
Morton, Ada Scott, Butler Bldg., San Francisco 14
Munk, J. A., 747 Alvarado Street, Los Angeles 14
Murray, Carl L., 727½ K St., Sacramento. 14
Newton, Oran, Long Beach..... 14
Ormsby, E. O., Centerville..... 13
Osborne, Geo. K., Covelo..... 14
Perce, L. A., Long Beach..... 14
Prouty, H. V., McKitrick..... 14
Riley, J. A., 1430 Park St., Alameda.... 14
Ring, Merritt M., 321 S. Hill Street, Los Angeles 14
Roath, Clinton, 1123 Central Avenue, Los Angeles 14
Scheurer, Balzar W., 946 Park View St., Los Angeles..... 13
Schmiedel, R. J., 1141 Golden Gate Ave., San Francisco..... 14
Scudder, H. Ford, 337½ S. Hill St., Los Angeles 14
Sinclair, Rosa M., 3018 Webster, San Francisco 14
Smith, Harry Clyde, 701 Temple Street, Los Angeles..... 14
Snypp, Theodore, Box 364, East Auburn.. 13
Solomon, J. C., 403 Title Ins. Bldg., Los Angeles 14
Sprehn, Henry J. C., 3551 Lan Franco St., Los Angeles..... 14
Stark, James, 1410 Eighth St., Oakland.. 13
Stout, J. C., 1153 East Fourteenth St., East Oakland..... 14
Stout, Geo. W., Ukiah..... 13
Temple, Florence, 5255 Broadway Terrace, Oakland 13
Tomkins, J. G., 1134 East Fifteenth St., East Oakland..... 13
Tuchler, A. S., 703 Van Ness Avenue, San Francisco 14
Turner, David J., Gridley, Butte County.. 14
Unger, C. W., 106½ South Broadway, Los Angeles 13
Vandre, H., 2937 San Jose Ave., Station L, San Francisco..... 14
Weatherbee, L. B., 5417 Shafter Ave., Oakland 14
Wembley, Fredk. D., 1 Rooney Street, Santa Cruz..... 13
Webster, H. T., 2826 Myrtle St., Oakland. 14
Welbourne, O. C., 818 Security Building, Los Angeles..... 14
Welbourn, Pina, M., 818 Security Bldg., Los Angeles..... 14
Wheeler, I. A., Healdsburg..... 14
Young, T. C., Glendale..... 14

DELINQUENTS.

Clark, Charles, 521 Pacific Building, San Francisco 12
DeMonco, A., 500 Grosse Building, Los Angeles 12
DeStone, F. G., 1336 Jackson Street, San Francisco 10
Eastman, Merton E., Alturas..... 11
Fruth, Chas. H., 1126 Hoover Street, Los Angeles 10
Gorton, Mary L., Lindsay..... 11
Guglieri, A. A., 806 Vallejo Street, San Francisco 12
Holton, Q. A. R., Whittier..... 11
Kirkland, Grace, 201 Salello Street, Los Angeles 11
Turner, H. S., Pomona..... 12

CANADA.

Aylesworth, Geo. M., Collingwood..... 14
Bennet, J. Gordon, Bennet House, Halifax. 14

COLORADO.

Angus, G. A., Brighton..... 13
Burgin, C. H., Delta..... 13
Patterson, W. O., 114 Pope Bldg., Pueblo.. 13
Stanton, L. E., Sterling..... 13

DELINQUENTS.

Bogart, W. S., Gas and Electric Bldg., Denver 12
Dungan, J. A., Greeley..... 12
Quick, S. T., Ft. Collins..... 12
Richards, B. F., 30 Masonic T'ple, Denver. 12

CONNECTICUT.

Adams, F. B., 346 Franklin Ave., Hartford. 14
Bristol, G. B., Middlebury..... 14
Case, Wm. G., Bloomfield..... 14
Converse, Frank B., West Willington.... 13
Converse, H. H., Eastford..... 14
Dewey, A. A., 108 High St., Bristol..... 14
Faber, George A., Waterbury..... 14
Fitch, Alice Lyon, Darien, Conn..... 13
Fyfe, John W., Saugatuck..... 14
Givens, A. J., Stamford, Conn..... 14
Hair, J. E., 720 State St., Bridgeport.... 14
Hart, A. H., Unionville..... 13
Hodge, Thos. S., Torrington..... 14
Markham, Ernest A., Durham..... 13
Marsh, E. H., Mansfield Center..... 14
Marsh, M. L., New Britain..... 14
Mulligan, Thomas, New Britain..... 14
Munn, S. B., Waterbury.....Exempt
Richter, A. F., 380 Barnum Ave., Bridgeport 14
Ripley, E. M., Box 369, Unionville..... 14
Smith, Leroy A., Higganum..... 14
Tonks, Jas. T., Westbrook..... 14
Webb, Frank, 1576 Iranistan Ave., Bridgeport 14
Williams, Fred H., Bristol..... 14
Williams, G. W. H., North Grosvenordale. 13

DELINQUENTS.

Massinger, Omray L., 400 State Street, Bridgeport 12
Richardson, Chas. M., Bantam..... 11
Steinberger, Maurice, 617 Hancock Street, Bridgeport 12
Taylor, Francis A., Montville..... 10

CUBA.

Tudela, Frank, Guantanamo..... 14

FLORIDA.

Adams, D. M., Panama City..... 14
Bennett, C. E., Pensacola..... 13
Fuqua, C. C., Hilliard..... 14
Hampton, Ham S., Tampa..... 14
Holmes, Geo. W., Sharpes Postoffice..... 13
McKinney, B. H., Arcadia..... 14
Mann, J. M., Branford..... 14
O'Bannon, Albert, Princeton..... 13
Saxton, D. E., 105 W. Palm Ave., Tampa.. 14
Smith, J. B. G., Sumatra..... 13

DELINQUENTS.

Adolphus, G., St. Petersburg..... 12
Chapman, B. A., Dowling Park..... 11
Deal, C. C., 117 Fisk St., Jacksonville.... 12
Miller, G. C., Coryville..... 11
Rice, J. P., 705 Avenue B, Miami..... 12
Whidden, E. K., Punta Gorda..... 12

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Adams, R. P., Ashburn..... 14
Adamson, O. D., Raymond..... 14
Akin, B. F., Jenkinsburg..... 13
Baker, L. P., 272 Luckie St., Atlanta..... 14
Ball, E. V., 700 Austell Bldg., Atlanta.... 14
Cowart, O. J., Alpharetta..... 13
Curtis, C. F., R. F. D. 3, Decatur..... 13
Dorsey, H. A., Pitts..... 13
Durham, W. M., 208 Gould Bldg., Atlanta. 13
Duvall, J. R., 1610 Candler Bldg., Atlanta. 14
Elder, C. D., Marietta..... 13
Faulkner, Jas. A., Jasper..... 13
Goss, J. H., Jr., Decatur..... 13
Grizzard, N. J., 603 Atlanta Bank Bldg., Atlanta 13
Hagood, G. F., Marietta..... 14
Hammond, J. H., Enigma..... 13
Hamrick, B. H., Ocilla..... 14
Hancock, W. H., R. R. 7, Carrollton..... 13
Harris, E. L., Marietta..... 14
Hatheock, Giles, Belton..... 13
Hembree, J. I., Walnut Grove..... 13
Holt, J. F., Vienna..... 13
Howell, J. L., Orange..... 14
Hughes, T. W., 16½ N. Broad St., Atlanta. 13
Johnson, D. N., R. F. D. 4, Atlanta..... 14
Johnson, M T., Lawrenceville..... 13
Katzoff, Simon L., 302 Atlanta Trust Bldg., Atlanta..... 14
Landrum, W. L., Taylorsville..... 13
Lee, H. B., Luxomie..... 13
Lee, T. M., Luxomie..... 13
McDonald, Paul, Bolton..... 14
McCleere, R. L., Kennesaw..... 14
Maddox, T. H., Orchardsville..... 14
Miller, C. W., 825 Austell Bldg., Atlanta.. 13
Moore, R. M., Waleska..... 13
Morris, J. L., Roswell..... 13
Patterson, G. W. D., Jr., 415 Greenwood Ave., Atlanta..... 13
Powell, J. H., Atlanta Nat. Bank Bldg., Atlanta 14
Register, W. R., 39 E. 13th St., Atlanta.. 14
Rhodes, Barlow D., Grayson..... 13
Robak, J. L., Jonesboro..... 13
Smith, H. T., Snellville..... 13
Snow, Harmon, R. F. D. 1, Box 46, Decatur. 14
Trible, J. M., Lithonia..... 13
Vinings, J. H., 504 Decatur St., Atlanta.. 14
Vryonis, S. G. Bicatos, 106½ Whitehall Street, Atlanta..... 13
Wells, J. S., Griffin..... 14
Walker, O. B., Bowman..... 14
White, A. F., Flovilla..... 14
White, John W., 611 Lee St., Atlanta.... 14
Worrill, W. H., Soperton..... 13
Young, L. S., Moreland..... 14

DELINQUENTS.

Alexander, J. W., Reidsville..... 11

Biggers, Stephan P., 128 Emmett Street, Atlanta 11
Brantley, J. Q., 824 Austell Bldg., Atlanta. 12
Bragg, F. E., 324 Century Bldg., Atlanta.. 12
Bryant, Leroy, Maxeys..... 11
Collinsworth, P. L., Clarkston..... 11
Collins, T. J., Griffin..... 11
Darnell, J. S., Woodstock..... 11
Devor, Dr. J. R., Suwanee..... 11
Durham, W. M., Jr., Woodville..... 12
Edwards, J. I., Fayetteville..... 11
Findley, J. F., Cave Springs..... 11
Cramling, Robt. E., Atlanta..... 11
Grimes, Chas. W., Crosland..... 11
Hudson, F. P., Rose Bud..... 12
Jinks, M. W., Lawrenceville..... 12
Johnson, W. H., 108 E. Ellis St., Atlanta. 12
Jones, Dewitt, Cummings..... 11
Lee, S. B., Red Oak..... 12
McNaughton, A. B., 1555 Walton Way, Augusta 11
Mann, A. J., Alvaton..... 12
Mauldin, P. O., Norcross..... 12
Moore, B. F., Elberton..... 11
Pierce, N. H., Suwanee..... 11
Pirkle, L. P., 1555 Walton Way, Augusta. 12
Ponder, R. E., R 2, Stilesboro..... 10
Quillian, W. H., Bolton..... 11
Rhodes, N. S., Rosswell..... 11
Rhyne, L. H., R. F. D. 5, Box 61, Atlanta. 12
Salter, F. D., 68 Broad St., Atlanta..... 12
Smith, J. Rufus, 308 Gould Bldg., Atlanta. 12
Steed, J. H., Spring Place..... 11
Thomas, Elzie B., M.D., 121 Park Street, W. E., Atlanta..... 12
Truax, Florence T., 497 Cherokee Ave., Atlanta 12
Truax, H. E., 497 Cherokee Ave., Atlanta. 12
Webb, W. A., Lithonia..... 11
West, Grover, R. D. 8, Carrollton..... 12
Wilson, C. N., Maysville..... 11
Youmans, H. D., Surrency..... 11

IDAHO.

Barton, Clark A., Payette..... 13
Moxley, J. Q., Lewiston..... 14

DELINQUENTS.

Snyder, Houston E., McCall..... 12

ILLINOIS.

Abbott, W. C., Ravenswood, Chicago.... 13
Alderson, A. S., Thayer..... 13
Bennett, J. P., 48 Van Buren Avenue, Chicago 14
Billings, J. S., Athensville..... 13
Bladgen, A. D., Sycamore..... 14
Boehm, Charles, 372 Central Ave., Highland Park..... 13
Brown, Mareva D., 139½ E. Main St., DeKalb 14
Brown, O. J., DeKalb..... 14
Bushnell, C. H., 3424 Sheffield Avenue, Chicago 14
Coley, L. A., Pittsfield..... 14
Cory, J. H., Geneva..... 14
Crawford, R. B., 7049 Lowe Ave., Englewood Station, Chicago..... 14
Dattelzweig, Fred M., 1340 Eddy St., Chicago 14
Davis, J. B., 1133 East 63d St., Chicago.. 13
Doss, J. I., Milton..... 13
Dunn, D. W., DuQuoin..... 14
Eaton, John B., 403 North Ave., Lincoln Park Station, Chicago..... 13
Ellingwood, Finley, 2209 Central Street, Evanston 14
Farnum, E. J., 42 Madison St., Chicago.. 14
Flinn, E. H., 1514 S. Kedzie Avenue, Chicago 14
Graves, Grace A., 4740 Drake Avenue, Chicago 13
Griffith, B. A., Swan Creek..... 14
Hamilton, C. H., Vermont..... 13
Harrison, F. O., Christopher..... 13
Harvey, W. R., Dana..... 14
Hormann, W. F. C., 1319 W. Adams St., Chicago 13
Houston, Henry, 1657 W. Madison Street, Chicago 14
Howe, Rose D., 325 N. State St., Chicago.. 14
Hulick, C. H., Shelbyville..... 14
Hulick, G. O., 1412 St. Louis Ave., East St. Louis..... 14
Hutson, U., Benton..... 14
Kampen, Harry L., Monmouth..... 13
Killene, H. F., 1700 N. 23d St., East St. Louis..... 13
Kinnett, W. E., 403 Masonic Temple, Peoria 13
Kirkpatrick, R. B., 536 Woolner Bldg., Peoria 13
Koller, Chas., 1847 Cleveland Avenue, Chicago 14
Lambert-Lowrey, E. B., St. Charles..... 13
Lambert, R. J., St. Charles..... 13
LeBoy, Wm. L., 1551 S. Kedzie Ave., Chicago 14
Lowrance, H. S., L. B. 17, Chebanse.... 13
McCracken, C. B., Belvidere..... 14
McCurdy, C., Vermont..... 13
McLaren, Frank N., White Hall..... 13
Markee, Henry, Blandinsville..... 13
Marrs, R. F., Scioto..... 13
Mathew, John B., Blue Mound..... 14
Mercereau, C. W., 5945 Milwaukee Ave., Chicago 14
Migrath, J. W., 916 Madison St., Chicago. 14
Nielson, Carl, 4203 Langley Ave., Chicago. 14
Novak, Anna F., 1420 W. 18th St., Chicago. 13
Owings, Thomas, Hinckley..... 13
Price, J. R., 6309 Wentworth St., Chicago. 14
Reid, C. P., Hampshire..... 14
Richardson, Ethyl H., 835 Cedar Street, Quincy 14
Rust, John W., Willow Springs..... 13
Schroder, Bertha B., 2201 W. 18th Street, Chicago 14
Schussler, W. R., Orland..... 14
Seymour, H. A., Hillsboro..... 14
Shoemaker, L., Wyanet..... 14
Smith, H. D., Vandalia..... 13
Snow, Lillian L., South Chillicothe..... 13
Spindel, E. S., 30 Meyers Bldg., Springfield 14
Stedem, F. P., Saybrook..... 14
Stokes, C. A., Edinburg..... 13

Stratford, Henry K., 236 N. Waller Ave., Austin Station, Chicago.....Exempt
Swalm, John C., 1060 Wilson Ave., Edgewater Station, Chicago..... 13
Tallerday, Geo. C., Sr., Belvidere..... 14
Trowbridge, E. G., 42 E. Madison Street, Chicago 13
Trull, Jas. C., 218 Milwaukee St., Elgin.. 14
Watson, J. E., 2608 State St., Alton..... 14
Weaver, D. P., Avon..... 14
Whitney, G. V., Springfield..... 13
Wood, Charles S., 1522 Carroll Avenue, Chicago 14
Woodward, Chas., 2209 W. Madison Street, Chicago 14
Young, J. R., 1317 Blaisdell St., Rockford. 13

DELINQUENTS.

Barber, Frank A., 6119 Monroe Avenue, Chicago 10
Barnes, W. E., Mattoon..... 12
Billig, Geo. W., 4016 Lincoln Avenue, Chicago 12
Bowerman, H. E., Leaf River..... 10
Connett, J. E., Lawrenceville..... 12
Covert, Jennie M., Riverview Hospital, Kankakee 10
Cressman, R. G., L. B. 115, Oglesby..... 10
Dearlove, Mary A., 1121 Masonic Temple, Chicago 11
Gammage, Arthur E., 6405 N. Clark St., Chicago 11
Graves, N. A., 2258 Cornelia St., Kinzie Station, Chicago..... 10
Grimes, R. J., Marietta..... 10
Harvey, Frank R., Winona..... 10
Henderson, M. D., Pleasant Plains..... 12
Jentzsch, E., 3846 Elston Ave., Chicago.. 11
Johnson, N. L., 209 State St., Chicago.... 12
Koehler, L. C., 4523 N. Lincoln Street, Chicago 10
Koethe, Aaron C., 1658 W. Chicago Ave., Chicago 10
Larson, J. M., Sycamore..... 10
Linder, A. E., 713 St. Louis Ave., East St. Louis..... 11
Mankin, F. D., Kewaunee..... 10
Mountz, A. G., Chauncy..... 12
Palmer, E. L., Noble..... 12
Power, Julia C., New Athens..... 11
Reading, A. H., 6444 Lexington Avenue, Chicago 11
Robinson, E. T., 1363 Washington Blvd., Chicago 12
Rounds, C. W., 1518 Carroll Ave., Chicago. 12
Scharre, W. F., 957 W. 18th St., Chicago.. 12
Shaw, J. L., Watseka..... 12
Sparrow, Hannah S., 9125 Erie Avenue, Chicago 12
Szwajkart, Adam, 3535 Diversey Ave., Chicago 12
Taylor, W. H., 4650 N. Kedzie Avenue, Chicago 12
Thornton, F. E., 2524 Kimball Avenue, Chicago 12
Twitchell, R. E., Belleville..... 11
Whitford, H. E., 42 Madison St., Chicago. 07
Wilkenloh, Margaret, 2023 N. California Avenue, Chicago..... 12

INDIANA.

Ashabranner, J. H., New Albany..... 13
Baldwin, M. F., Marion..... 13
Barry, Geo. A., 1941 Fairfield St., Fort Wayne 13
Best, William P., 2218 E. Tenth Street, Indianapolis 14
Billman, J. M., Sullivan..... 14
Blosser, H. V., 309 W. Main, Ft. Wayne.. 13
Canfield, M. S., Frankfort..... 14
Carter, Henry, Bringhurst..... 14
Coffey, Bert, R. R. 1, Rushville..... 14
Coffin, Orlando S., 1550 E. Tenth Street, Indianapolis 14
Edson, C. C., Crawfordsville.....Exempt
Finlaw, Fred, Arlington..... 14
Gage, J. W., 955 S. Delaware Street, Indianapolis 13
Gengelbach, E. E., Huntingburg..... 14
Gill, I. J., Dugger..... 13
Harrod, Morse, 634 E. Washington Street, Fort Wayne..... 14
Hauck, J. H., 1206 LaFayette Ave., Terre Haute 14
Hauss, A. P., New Albany..... 13
Hauss, Q. R., Sellersburg..... 14
Hawkins, Z. T., Swayzee..... 13
Hetsler, O. I., Blountsville..... 13
Hockett, C. P., Kouts..... 13
Horne, B. S., Gas City..... 14
Hosman, Fred L., 2232 Martindale Ave., Indianapolis 14
Kidd, Walter J., Burlington..... 13
Lorenz, John W., 1007 W. Franklin St., Evansville 13
McCann, J. D., Monticello..... 14
McKee, C. E., Dublin..... 14
Nifer, F. J., 231 S. Michigan Street, South Bend 14
Ogle, J. J., 1243 Hustis Ave., Ft. Wayne.. 13
Porter, A. W., Loogootee.....Exempt
Porter, George C., Linton..... 14
Quincy, W. C., Lowell..... 14
Reasoner, W. S., Swayzee..... 13
Reeder, J. C., Montezuma..... 14
Reiff, C. W., Idaville..... 14
Rhein, Alfred E., Rosedale..... 13
Rinehart, J. S., Kokomo..... 13
Shultz, J. J., Delphi..... 14
Smith, W. F., Huntington..... 14
Squier, E. A., Frankfort..... 14
Sugg, H. H., Mt. Vernon..... 13
Teague, A. E., 116 N. Senate Avenue, Indianapolis 14
Tindall, C. A., Shelbyville..... 14
Tindall, Paul R., Greensburg..... 14
Tindall, W. W., Shelbyville..... 13
Turner, T. S., Lebanon..... 14
Vincent, A. W., Valparaiso.....Exempt
Vitou, Henry E., 739 S. Michigan Street, South Bend..... 14
Wagoner, W. H., Peru..... 14
Waltermire, T. C., Manilla..... 14

DELINQUENTS.

Baldridge, E. R., Rosedale..... 11
Barwick, S. O., Elkhart..... 11
Bennett, S. M., New Goshen..... 12
Brown, C. N., Fairmount..... 12

Coffman, J. S., Muncie..... 10
Dowell, J. A., Albany..... 12
Fonner, G. M., 1102 E. Creighton Avenue, Ft. Wayne..... 11
Gordon, Wm. S., Converse..... 12
Gregg, E. H., Yorktown..... 11
Harrod, John, 381 S. Hanna Street, Ft. Wayne 12
Jones, J. H., Jonesville..... 11
Joslin, DeElla B., 1925 N. 8th Street, Terre Haute 12
Kincaid, S. F., 1229 E. Washington St., Indianapolis 10
Kreager-Kaufman, Anna G., Goshen..... 12
McWhinney, B., Richmond..... 12
Morehouse, F. L., Morocco..... 10
Nesbit, O. T., Valparaiso..... 10
Porter, McG., Elnora, Ind..... 12
Shrout, Wm. T., Waldron..... 12
Vance, U. G., La Fontaine..... 12
Winter, Carl G., 14 W. Ohio Street, Indianapolis 12
Winter, E. G., 14 W. Ohio Street, Indianapolis 12
Winter, G. G., 14 W. Ohio Street, Indianapolis 10

IOWA.

Box, J. C., Ottumwa..... 14
Busby, Isaac M., Brooklyn.....Exempt
Crosten, Thomas, Lucas..... 13
Dunlap, A. W., 1774 Lyn St., Des Moines. 14
Eslick, L. E., Rockwell City..... 14
Gadd, B. T., Mitchellville..... 13
Gadd, E. E., 506 Walnut St., Des Moines, 14
Gibson, W. H. Y., 517 Walnut Street, Des Moines 14
Hirton, G. A., Box 142, Oskaloosa..... 13
Horner, J. B., Lamoni..... 14
Huchins, H. S., Des Moines..... 14
Linquist, A. L., Stanton..... 14
McKlveen, J. A., Chariton..... 14
Maple, W. W., 910 Fleming Bldg, Des Moines 14
Miller, Eva, Paton 13
Minkler, B. C., 422 Flynn Block, Des Moines 14
Price, P. F., Milo..... 14
Rice, U. A., 405 E. 17th St., Des Moines, 14
Severs, Geo. F., Centerville..... 14
Stine, Milo B., 1603 E. 9th Street, Des Moines 13
Sutton, R., Shenandoah..... 13
Von Lackum, H. J., Dysart..... 13
White, J. H., Mt. Ayr..... 13
Youmans, Wm. G., Cedar Bluff..... 14

DELINQUENTS.

Barnes, Theodore, Chariton..... 10
Fulliam, E. B., Muscatine..... 12
Moorman, C. T., Packwood..... 11
Prall, A. A., 4th and Walnut, Des Moines. 11
Schmaltz, Walter F., Mt. Ayr..... 12
Yelk, O. J., Gen. Del., Colfax..... 12

KANSAS.

Alexander, B. J., Hiawatha..... 14
Allen, John, Latham..... 13
Archer, J. A., Grenola..... 14
Artman, B. E., Cheney..... 14
Baird, Jay, Coffeyville..... 14
Baird, O. C., Chanute..... 14
Billingslea, L. W., Clement..... 13
Branson, C. P., Harper..... 14
Bronson, D. E., Olathe..... 14
Brook, A. C., Opolis..... 14
DeMarr, L. H., Olivet..... 14
Entz, J. C., Hope..... 13
Ghormley, J. N., 13th and Wood, Kansas City 13
Gladman, W. R., Tonganoxie..... 14
Gress, P. C., Atchison..... 14
Hatfield, F. P., Olathe..... 14
Hoover, C. O., Halstead..... 13
Howell, A. D., Bronson..... 14
Hunt, W. D., Emporia..... 14
Jaques, S. N., Edmond..... 14
Jones, P. L., Lenexa..... 13
Jones, W. S., Edgerton..... 13
Karbach, Wm., 650 Minn Street, Kansas City 13
Lathrop, P. L., Olathe..... 14
Lawrence, E. K., Pawnee Rock..... 14
Locke, G. E., Holton..... 13
Machette, G. H., McPherson..... 14
Mallette, Isaac F., 13 S. Boeke Street, Kansas City 14
Maxey, Joy, Hall Bldg., Kansas City... 14
Meckfessel, F. G. H., Albert..... 14
Michener, R. E., Mulvane..... 14
Mollet, I. F., 11th and 13th Streets, Kansas City 14
Nutter, E. R., Brough..... 13
Pace, E. C., Osawatomie..... 14
Packer, E. B., 622 Market St., Osage City. 14
Payne, O. C., Humboldt..... 14
Phillips, Myrtle H., 650 Minn. Avenue, Kansas City 13
Rautert, Julius H., 1516 State Street, Kansas City 13
Riggs, J. M., Muskotah..... 14
Ross, A. S., Sabetha..... 13
Sams, Clement E., Haven..... 14
Sanderson, I. E., Route 1, Monmouth.... 14
Scott, J. E., 628 Minn. Avenue, Kansas City 14
Shaffer, Joseph, Simpson..... 13
Shiveley, S. S., 700 St. Paul Street, Kansas City 14
Smith, G. H., 650 Minn. Avenue, Kansas City 14
Steinhauser, Wm., Hamlin..... 14
Webster, C. S., White City..... 13
Wilding, F. K., R. R. No. 1, Carlton..... 14
Woodward, J. J., R. R. 2, Olathe..... 14
Youmans, J. F., Pratt..... 13

DELINQUENTS.

Blank, J. C., Elk City..... 12
Bondurant, Essie, 310 W. 6th St., Topeka. 11
Bromwell, Geo. W. E., 1611 Garfield Ave., Kansas City 12
Burnaman, W. C., Hollensburg..... 11
Faussett, Guy F., Harper..... 12
Gillman, M. J., Florence..... 10
Hoover, E. M., 3rd and Chestnut Street, Halstead 11
Hurd, M. C., Cassady..... 10

Isley, J. P., Vesper..... 10
Jones, C. H., Galena..... 11
Leighton, O. L., 504 Minn. Avenue, Kansas City 12
Murphy, S. H., Yates Center..... 11
Parker, J. A., 13th and Grand Avenue, Kansas City 10
Rader, J. A., Caney..... 12
Scott, Mollie E., 628 Minn. Avenue, Kansas City 11
Wimmer, Henry, Ludell..... 11

KENTUCKY.

Coffman, J. M., Owensboro..... 13
Coffman, T. W., 315 Allen St., Owensboro. 14
Evans, T. A. E., Farmers..... 14
Everly, G. L., Rockport..... 13
Farabaugh, J. A., Clinton..... 14
Fuller, G. T., Mayfield..... 14
Huff, J. P., Plummers Landing..... 14
Johnson, F. L., Livia..... 14
Meadows, M. W., Fullerton..... 14
Miller, J. W., Warnock..... 13
Mitchell, J. C., 904 S. 5th St., Louisville. 14
Peterson, H. D., Millersburg..... 14
Quinn, Janet D., 10th and Isabella Sts., Newport 14
Richardson, J. L., 1214 E. Winchester Avenue, Ashland 14
Robbins, L. F., Salt Lick..... 14
Ruble, W. R., Smiths Grove..... 14
Rudd, R. T., Fulton..... 14
Shelton, A. B., R. F. D., Lynnville..... 14
Schultz, J. H., Jeffersonville..... 14
Simpson, F. N., Milburn..... 13
Smiley, M. L., Catlettsburg..... 14
Strouse, Lee, 25 E. 4th St., Covington... 14
Sullivan, S., Williamsburg..... 13
Wells, J. M., Vanceburg..... 14

DELINQUENTS.

Alexander, Henry T., Fulton..... 12
Beck, C. K., 3341 W. Market Street, Louisville 12
Bowling, G. W., Wellington..... 11
Crabtree, L. R., Akersville..... 12
Lester, W. H., Dublin..... 10
Messer, J. B., Freestone..... 12
Simpson, L., Lowes..... 12
Wise, W. P., Lee City..... 12

LOUISIANA.

DELINQUENTS.

James, D. E., Royal..... 10

MAINE.

Fossett, Algernon, 110 North Street, Portland 13
Reny, Henry, Biddeford..... 13

MARYLAND.

Brown, Hugh, 1202 McCulloh Street, Baltimore 14
Fisher, Geo. W., 1509 Linden St., Baltimore 14
Stallings, John W., Owings Mills..... 14
Hammond, Chas. I., 435 S. Ellwood Avenue, Baltimore 14
Kenney, J. F., 1202 McCulloh Street, Baltimore 14
Larabee, Chas. W., 1118 McCulloh Street, Baltimore 14

MASSACHUSETTS.

Abbott, F. W., 72 Broadway, Taunton... 14
Abbott, Sylvania A., 72 Broadway, Taunton 14
Buck, C. E., 195 W. Brookline, Boston... 14
Chase, Augustus L., Randolph..... 14
Clark, Wm. C., 7 Charter Street, Boston.. 14
Derby, Fredk. W., Arlington..... 14
Donner, J. A., 498 High Street, Holyoke. 14
Flower, Alfred H., 101 Botolph Street, Boston 14
Geddes, P. S. W., Winchendon..... 14
Howes, Pitts E., 703 Washington Street, Dorchester Dist., Boston..... 14
Johnson, G. R., Templeton..... 14
Pattee, A. L., Falmouth..... 14
Perrins, John, 70 Huntington Avenue, Boston 14
Perrins, W. A., 418 Center Street, Jamaica Plains 14
Phillimore, Fredk. G., 329 Hanover Street, Boston 14
Pratt, Chas. A., 78 Blue Hill Avenue, Mattapan 14
Racine, Ernest B., 104 Main St., Everett. 14
Von Sonneberg, A. S., 18 Huntington Avenue, Boston 14
Witt, Stephen, North Dana..... 14

DELINQUENTS.

Burchmore, C. P., 100 Bolyston Avenue, Boston 12
Denkinger, J. A., 14 Harris Avenue, Jamaica Plains 12
Forebush, A. W., 173 Highland Avenue, Summerville 11
Jones, M. Grant, 1 Polks Hill Street, Dorchester, Boston 11
Keck, C. E., Cummaquid..... 11
Leverone, Louise M., 346 North Street, Boston 11

MEXICO.

Benndorf, Theodore, Xicotencatl, Tampico. 13

DELINQUENTS.

Arnold, S. G., Madera, Chihuaha..... 12

MICHIGAN.

Baker, V. A., Adrian.....Exempt.
Baldwin, Z. L., Kalamazoo..... 14
Bell, V. L., 844 S. Division Avenue, Grand Rapids 14
Bennett, Mrs. Rorick, 38 Winders Street, Detroit 13
Couch, W. J., 39 Lincoln Ave., Detroit.. 13
McLachlin, Chas., Elwell..... 14
McLaughlin, Nelson, Lake Odessa..... 13
Mather, Enoch, 46 Warren Avenue, East,

Detroit 14
Murphy, Chas. H., Lansing..... 13
Nafe, G. W., Fremont..... 14
Russ, O. C., Lake Odessa..... 14
Sackett, C. S., Charlotte..... 14
Shafor, Harry, 2363 Woodward Avenue, Detroit 14
Stewart, J. D., 706 Baldwin Ave., Detroit. 14
Waddington, J. E. G., 919 J. Henry Smith Bldg., Detroit 14

MINNESOTA.

Hufnail, Francis E., 620½ Nicollett Ave., Minneapolis 14

DELINQUENTS.

Thorson, E. O., Luverne..... 10

MISSISSIPPI.

Moore, J. H., Hattiesburg..... 14

MISSOURI.

Alexander, Date R., 1209 Grand Avenue, Kansas City 13
Aubuchon, W. E., Frankelay..... 14
Barry, J. R., Carterville..... 14
Bates, S. A., Piedmont..... 14
Blaich, Julia E., 1202 Manchester Road, St. Louis 14
Blanchard, Lillian G., 2332 Whitmore Place, St. Louis..... 14
Brockman, H. H., Eldon..... 13
Bruegel, Elizabeth Smith, 3507 Franklin Avenue, St. Louis..... 13
Calloway, J. E., Chillicothe..... 14
Cave, John F., 220 W. 12th St., Kansas City 14
Cook, Emmett F., 710½ Felix Street, St. Joseph 14
Davidson, A. W., Poplar Bluff..... 14
Dawson, B. E., 3220 Oak St., Kansas City. 14
Dean, C. B., Belton..... 13
Doyle, Theodore, 901 E. 15th St., Kansas City 13
Elkins, C. F., Gamma..... 14
Evans, J. T., 222 E. Commercial Street, Springfield 14
Feller, C. E., Lohman..... 14
Fowler, L. W., LaRussell..... 14
Freeman, Saml. F., Elwood..... 14
Gill, Joseph, 3636 Hebert St., St. Louis.. 13
Glover, T. L., Eugene..... 13
Hamlin, M. M., 5255 Page Ave., St. Louis. 14
Harmon, W. R., Belleflower..... 14
Harris, G. D., Jamesport..... 14
Harwell, J. Lee, Hendrickson..... 14
Heinzelman, A., 205 Jenkins Bldg., Kansas City 13
Helbing, H. H., 1208 N. Kings Highway, St. Louis 14
Hiner, B. C., Kansas City..... 13
Kittredge, Ida F., 3331 S. Jefferson Ave., St. Louis..... 13
James, W. J., Excelsior Springs..... 14
Jamison, A. J., Winona..... 14
Jones, C. H., Brunot..... 13
Jones, E. E., Lilbourn..... 14
Love, J. W., Nevada..... 14
Lowrey, Joseph, 3938 Mercer St., Kansas City 13
McCubbin, S. M., 220 W. 12th St., Kansas City 13
McKinley, C. G., Jamesport..... 14
March, S. F., 1320 Main Street, Kansas City .....Exempt.
Marsh, J. R. L., 1817 Washington Street, Kansas City 14
Marshall, L. L., Kansas City 13
Martin, W. C., Kansas City..... 13
Miller, J. A., 921 Broadway, Columbia... 14
Morgan, F. L., Kansas City..... 13
Musick, J. D., Calhoun..... 14
Nichols, Robt., Hume..... 13
Nufer, F. M., 1816 O'Fallon, St.Louis... 13
Planck, F. Marshall, 1446 Admiral Blvd., Kansas City 13
Polk, D. T., Excelsior Springs..... 14
Price, W. H., Carterville..... 14
Pruett, D. S., 6006 Virginia Avenue, St. Louis 14
Pruett, J. W., 6006 Virginia Avenue, St. Louis 14
Rice, E. L., Pilot Grove..... 13
Riggs, C. H., Middletown..... 14
Roheback, E. C., Flat River..... 14
Short, C. D., Rockville..... 13
Smith, H. A., 3219 Dodier St., St. Louis.. 13
Smith, J. M. T., Poplar Bluff..... 14
Smith, W. E., Pacific..... 14
Snow, A. E., 3551 Pine St., St. Louis.... 14
Son, T. A., Bonne Terre..... 14
Stephens, A. F., 2300 University Street, St. Louis..... 14
Story, John C., 10th and Pennsylvania Streets, St. Joseph..... 13
Talbott, D. S., Appleton City..... 14
Taylor, I. C., Kansas City..... 13
Tracewell, Geo., 6212 Easton Avenue, St. Louis 13
Tucker, C. A., Springfield..... 14
Upshaw, Ira, 5015 Shaw Ave., St. Louis.. 14
Veninga, F. W., 3409 S. Jeff St., St. Louis. 13
Wagner, John F., Greenville..... 13
Waterhouse, E. R., 1011 Dillon Street, St. Louis 14
Welch, John A., 302½ Broadway, Hannibal 14
Westbrook, Geo. W., 5581 Easton Ave., St. Louis 14
White, R. L., Kansas City..... 13
Whitford, E. P., Hollister..... 13
Wiesner, B. J., 2116 Russell St., St. Louis. 14
Wilhite, G. O., 4358 Easton Avenue, St. Louis 13
Wilson, N. G., Greenville..... 13
Wolfe, C. S., 1107 McGee, Kansas City... 14
Wolford, George B., Lamar..... 13
Younkin, Edwin, Villa Ridge.....Exempt.

DELINQUENTS.

Arnold, Walter E., 401 Benevist Bldg., St. Louis 10
Billenkamp, Sophia, 3636 Hebert Street, St. Louis 10
Boone, Abner E., 3317 Howard Avenue, Kansas City 12
Cornell, H. L., Hannibal..... 12
Custar, D. M., Durham..... 12

Fleet. J. B., New Franklin..... 10
Gilleland, J. L., Olean..... 12
Hardman, H. B., Forest City..... 11
Hill, E. C., Smithville..... 11
Hunt, T. H., Albany..... 11
Hurwitt, Frank, 1925 E. 15th St., Kansas City 12
Ingram, John L., 5015 Page Avenue, St. Louis 12
Isley, M. D. L., Kansas City..... 11
Lamb, Elmer E., 2805 E. 11th St., Kansas City 12
Longfield, F. J., Lathrop..... 10
McCroskie, M. R., 1209 Grand Avenue, Kansas City 12
Meredith, O. O., Breckenridge..... 11
Merwin, G. M. D., Overland (St. Louis County) 11
Myers, O. A., Coldwater..... 10
Packwood, S. D., St. Joseph..... 11
Schaumleffel, H. G., Gifford..... 12
Shirley, Geo. H., Eugene..... 12
Smith, T. H., 43rd and Bell, Kansas City. 12
Sturdivan, Willard C., 1709 Grand Ave., Kansas City 12
Tremaine, Geo. W., 2647 Olive St., St. Louis 12
Uphsaw, H. A., 4247 Merrimac Street, St. Louis 10
Upshaw, P. M., 6825 Manchester, St. Louis 11
Upshaw, T. J., 4247 Merrimac Street, St. Louis 10
Weary, F. G., St. Joseph..... 11
Wood, Wm. G., 6025 Manchester Avenue, St. Louis 11

NEBRASKA.

Andrus, F. M., Lincoln..... 13
Asa, O. C., Ong..... 14
Bennett, Isaiah, Wilsonville..... 14
Bennett, J. L., Kearney..... 14
Bently, R. L., 2116 O St., Lincoln..... 13
Boxman, D. J., Raymond..... 14
Bowman, J. E., Loop City..... 13
Campbell, J. N., Stamford..... 14
Carriker, M. A., Nebraska City..... 13
Charlton, G. E., Moorefield..... 14
Coleman, A. L., Ewing..... 14
Connery, A. F., Neligh..... 14
Cummins, H. B., Seward..... 14
Deffenbaugh, M. H., Grand Island..... 14
DeOgny, P. A., Milford..... 14
Dwiggins, Frank P., 1341 O St., Lincoln.. 13
Gordon, G. O., Broken Bow..... 13
Grimes, R. S., Little Blk., 115 N. 11th, Lincoln 14
Hansen, O. T., Wausa..... 13
Housel, C. L., Ansley..... 14
Howard, I. D., Harvard..... 14
Irvin, Isaiah W., Auburn..... 13
Jester, Chas. W., Bethany..... 14
Johnson, W. T., Pawnee City..... 13
Jones, E. L., Greenwood..... 14
Kent, J. M., Kenesaw..... 13
Keys, J. M., 1311 W. O. W. Bldg., Omaha. 13
Latta, E J., Kenesaw..... 13
Latta, J. O., Clay Centre..... 13
Lee, Vera Mae, 1417 O. St., Lincoln..... 13
Lutgen, C. A., Auburn..... 14
McFadden, Harry W., Chappel..... 13
Marvel, G. H., Aurora..... 13
Marvel, P. O., Aurora..... 14
Mathews, A. L., Callaway..... 13
Methany, Saml., 640 N. 16th, Lincoln.... 14
Mills, J. B., Maywood..... 14
Myers, W. A., 1328 O St., Lincoln..... 14
Palmer, D. S., Holdredge..... 14
Piersol, M. R., Cairo..... 13
Protzman, Chas., Palmyra..... 14
Ramey, W. N., 315 N. 14th, Lincoln..... 14
Robinson, Amy, Hastings..... 14
Schultz, H. H., Sutton..... 14
Schrock, J. B., Broken Bow..... 13
Sloan, Wm. T., Adams..... 13
Smith, Bert A., Lorton..... 14
Smith, H. C., Franklin..... 13
Spradling, R. H., 1315 O. St., Lincoln.... 14
Stewart, S. J., Kenesaw..... 14
Vallicott, O J., Republican City..... 13
Vanderhoof, T. J., Rising City..... 13
Welch, Albert C., Weeping Water..... 13
Wightman, H. W., 2807 N. 24th Street, Omaha 14
Wilmeth, F. L., Richards Block, Lincoln.. 14
Wilson, M. L., Falls City..... 14
Wright, F. T., Ceresco..... 13

DELINQUENTS.

Baker, F. L., Bladen..... 12
Carr, J. M., Fairmount..... 12
Case, J. D., Dorchester..... 11
Charlton, W. A., Palmyra..... 12
Dugan, W. F., L. B. No. 17, Ulysses..... 12
Faught, A. M., Scotts Bluff..... 11
Gray, J. R., Osceola..... 12
Guttery, W. D., Pilger..... 11
Hilton, J. H., Table Rock..... 12
Hoschoner, Geo. D., Swanton..... 12
Howard, R. E., University Place..... 12
Lewis, E. J. Louisville..... 11
Morrow, Bert E., Bee..... 12
Morrow, J., Seward..... 11
Morrow, Milton, Seward..... 11
Rickard, W. G., 141 S. 12th St., Lincoln.. 12
Root, B. A., York..... 12
Rush, Chas. H., 203 Richards Blk., Lincoln 12
Rydberg, Chas. A., Litchfield..... 11
Shike, W. E., Madison..... 12
Skinner, A. O., Denton..... 12
Stannard, J. T., Tomora..... 11
Townsend, W. R., 1328 O. St., Lincoln.... 12
Webb, J. Lewis, Beatrice..... 11

NEVADA.

Martin, J. P., 129 Va St., Reno..... 14

DELINQUENTS.

Hascall, C. A., Fallon..... 12

NEW HAMPSHIRE.

Mahan-Bullock, Lillian G., Manchester.... 14
Massicotte, L. P. C., 22 Roxbury Street, Keene 15

NEW JERSEY.

Borden, D. P., 386 Elison Ave., Paterson.. 14
Cameron, Ella V., 51 Mercer St., Jersey City 14
Conover, J. V., Elmer..... 14
Kitchen, G. H., Washington..... 14
Potter, G. E., 100 Halsey St., Newark.... 14
Reinle, J. H., Summit..... 13
Shapiro, Nathan, Newark..... 14
Willis, Mary, 3 Astor Place, Jersey City.. 13
Young, G. C., Washington..... 13

DELINQUENTS.

George, E. Rogers, 676 E. 24th Street, Paterson 11
Jones, Eli G., 437 High St., Burlington... 12
Mason, Hamilton, Winona..... 10

NEW MEXICO.

Leming, William, Tucumcari..... 13

DELINQUENTS.

Manney, J. E., Box 154, Tucumcari..... 12

NEW YORK.

Abramovitz, B., 93 Second Ave., New York 14
Abramson, Max, 686 President Street, Brooklyn 13
Adlerman, Louis, 400 Rockaway Avenue, Brooklyn 14
Adlerman, T. D., 910 St. John's Place, Brooklyn 14
Alperin, David, 72 Rivingston Street, New York 14
Anderson, M. E., 716 Main, Buffalo..... 13
Andrews, B. C., Bay Shore, L. I..... 14
Babcock, S. C., 633 Main, Buffalo..... 13
Bernstein, James, 1361 Forty-sixth Street, Brooklyn 14
Birkenhauer, John, 216 E. 17th St., New York 14
Blackfan, H. S., Cambridge..... 14
Blackfan, Kenneth S., Cambridge..... 13
Blaustein, Abraham, 421 Sixth St., New York 14
Bloomer, A. W., 563 West End Ave., New York 14
Boehm, Wm. H., 960 Prospect Ave., New York 14
Boskowitz, Geo. W., 242 W. 73d St., New York 14
Brancato, V., New York.. 13
Brandaleone, Jos., 323 E. 13th St., New York 14
Brandenberg, Carrie, 223 E. 14th, New York 14
Brandenberg, C. W., 223 E. 14th, New York 15
Broga, A. E., 90 Madison St., Oneida.... 14
Brunor, Emile, 264 W. 136th St., New York 14
Bulson, D. N., Rockville Center..... 14
Caliva, F. J., New York..... 13
Chirurg, Leon, 52 Eldridge St., New York. 14
Cornwall, B. W., 633 Main, Buffalo..... 13
Cripps, P. C., 663 Main St., Buffalo..... 14
Crispell, C. A., Flower Hospital, New York. 14
Dart, W. S., Hobart..... 14
Dawley, M. W., Richfield Springs..... 13
DeBeer, J. B., 439 Hancock St., Brooklyn. 14
Denny, Eli, Nassau..... 14
DiLeo, Emanuel, 139 Montrose Avenue, Brooklyn 13
Dincin, Herman, 222 17th St., Brooklyn.. 14
Downey, E. L., Middleport..... 13
Dressel, Frieda, 626 Decatur St., Brooklyn. 14
Eggersman, F. A., 129 E. 92nd St., New York 14
Elliott, F. E., 7404 3rd Ave., Brooklyn... 14
Elmendorf, W. T., 716 Main St., Buffalo.. 13
Ensign, D. E., Courtland..... 14
Eptem (Shaffer), Stella, 1421 Crotona Avenue, New York..... 13
Favorini, Attilio, 45 Macdougal St., New York 14
Feld, H., 495 Marcy Ave., Brooklyn..... 14
Foster, D. H., Scottsburg..... 13
Foster, F. V., Caledonia..... 14
Garratt, J. H., 633 Main St., Buffalo..... 13
Gissler, E. F., 32 Cedar St., Brooklyn.... 14
Gombar, A. S., 236 E. 6th, New York.... 14
Graf, C. B., 1370 Lex. Ave., New York.. 14
Greenberg, S., 277 S. 4th St., Brooklyn... 14
Greene, Frank, 9 W. 14th St., New York.. 14
Jager, P., 229 Eldridge St., New York... 14
Johnson, Arthur, 875 Caldwell Ave., New York 14
Jolly, W. F., Troupsburg..... 14
Kahlenberg, F., 881 Brook Avenue, New York 14
King, E. H., Saratoga Springs..... 14
Krimke, Max, 1704 Lexington Ave., New York 14
Kyles, A. E., 663 Main St., Buffalo..... 14
Lanzer, Louis, 220 Penn. St., Brooklyn.. 14
Lewin, S. A., 960 Simpson St., New York. 14
Lloyd, Chas., 478 4th St., Brooklyn..Exempt.
Leewit, A., 1833 Lex. Ave., New York... 14
Lewis, Wm. I., Richmond Hills, Brooklyn. 14
Lundbeck, C. J., 107 Bergen St., Brooklyn. 14
MacDermott, M. B., 306 W. 51st St., New York 14
MacLachlan, Wm. E., New York..... 14
Marlow, Pincus, 1554 Minford Place, New York 14
Martin-King, A. E., 494 Willoughby St., Brooklyn 14
Meyer, Max, 14 E. 120th St., New York.. 14
Moran, James, 262 W. 83rd St., New York. 14
Moskowitz, Z., 314 E. 3rd St., New York. 14
Nillson, J. P., 210 E. 83rd St., New York. 14
Olson, Geo., 148 E. 34th St., New York.. 13
Padgham, E. G., Geneva..... 14
Palmitier, Adelaide, 1556 New York Ave., Brooklyn 14
Pearlstein, M. B., 309 Hewes Street, Brooklyn 14
Petrella, M., 181 Sands St., Brooklyn..... 14
Phelan, J. W., 87 Foxall St., Brooklyn... 14
Pierce, F. D., 633 Main St., Buffalo..... 13
Pierce, R. V., 633 Main St., Buffalo..... 13
Pierce, V. Mott, 633 Main St., Buffalo... 13
Pomeroy, T. W., Hotel Arlington, West 25th Street, New York..... 14
Prout, E., Flower Hospital, New York.... 14

Rivett, F. A. W., 57 George St., Green Island 14
Rohde, O., 113 Reid Ave., Brooklyn..... 14
Roshonsky, H., 1627 Pitkin Avenue, Brooklyn 14
Rowe, Allen G., 110 N. Pearl St., Buffalo. 13
Ruzika, Oscar, 139 Irving Ave., Brooklyn. 14
Salter, George W., 56 Somers Street, Brooklyn 14
Saunders, H. C., 171 W. 12th Street, New York 14
Scaisson, H., 24 2nd St. and Pell Place, New York 14
Schwartz, H. B., 124 Columbia St., New York 14
Scimeca, Mariano, 2 Prince St., New York. 13
Selligman, H., 158 S. 2nd St., Brooklyn.. 14
Short, J., 704 Elk St., Buffalo..... 14
Shultz, 39 E. 7th St., New York..... 14
Sibley, J. T., Sta. L, Flatbush Avenue, Brooklyn 14
Sillo, V., 353 W. 57th St., New York..... 14
Simon, Carlton, 114 E. 56th St., New York. 14
Sinclair, F. D., Oswego..... 14
Sinclair, F. L., Oswego..... 14
Gregg, G. W., Canandaigua..... 13
Griel, Cecile, 558 W. 164th St., New York. 14
Grindle, J. W., 171 W. 12th St., New York. 14
Guillanume, C. T., 248 Genesee St., Utica. 14
Hambleton, R. S., 633 Main St., Buffalo.. 14
Hardy, Saml. A., 224 E. 30th St., New York 14
Harris, H., 565 W. 139th St., New York.. 14
Hawley, Wm. H., Sr., 122 Wagoner Street, Penn Yan 13
Hayes, H. A., 716 Main St., Buffalo..... 13
Hayes, F. M., 716 Main St., Buffalo..... 13
Heacock, J. W., 114 W. 64th St., New York 14
Heeve, W. L., 302 Sumner Ave., Brooklyn. 14
Herr, Harriett, 331 E. 83rd St., New York. 14
Herr, Thos. J., 331 E. 83rd St., New York. 14
Herzog, A. W., 123 W. 83rd St., New York. 14
Hill, A. R., Interlaken..... 14
Hill, Fred, 388 Union St., Brooklyn..... 14
Hobbie, George S., 1716 Main St., Buffalo. 13
Holmberg, G. E., N. Division St., Peekskill 14
Sinclair, F. P., Lysander..... 14
Skeu, Max, Bellmore, L. I..... 13
Smith, Lee H., 224 Elmwood Place, Buffalo 13
Steele, James, 96 Monitor St., Brooklyn.. 14
Steinberg, H., 226 E. 10th St., New York. 14
Stoesser, Henry, 171 Shaw Avenue, Union Course, Borough of Queens, N. Y. C.. 14
Strahl, M., 372 Bainbridge St., Brooklyn. 14
Sturm, M., Hotel Ansonia, New York.... 14
Teinken, H. S., 343 E. 17th St., New York. 14
Terpenning, J. H., Fulton..... 14
Terwilliger, Fred, Barton..... 13
Thompson, G. R., Luzerne, Warren Co.... 14
Thompson, Geo. W., 142 E. 30th St., New York 13
Toms, R. A., Kenmore..... 14
Turkel, Bertha, 101 E. 7th St., New York. 13
Tyrell, C. A., 134 W. 65th St., New York. 13
Von Unruh, V., 3810 Broadway, New York 14
Waite, H. N., 252 W. 29th St., New York. 13
Wakefield, C. C., Ogdensburg..... 13
Washburn, F. C., Buffalo..... 14
Watkins, R. L., 138 W. 71st St., New York 13
Wescott, J. H., Norwich..... 13
Wolfe, Adam, 968 Forest Ave., Brooklyn.. 13

DELINQUENTS.

Bradstreet, S. W., 507 North St., Rochester 11
Carr, Mary B., 3 Astor Place, Jersey City. 13
Cummings, C., 560 Auburn Ave., Buffalo.. 12
House, Chas. W., Locke..... 10
Johnson, D. A., Dundee..... 10
Warner, L. H., 1078 Park Place, Brooklyn. 12
Whitford, H. P., Bridgewater..... 12

OHIO.

Ambrose, W. H., New Petersburg..... 15
Ayers, D. C., 1428 Dorr St., Toledo..... 13
Ballmer, E. A., Columbus Grove..... 14
Barker, Jos. B., 511 Harrison St., Piqua.. 14
Basinger, A. P., Pleasant Plain..... 14
Beaman, Chas. W., 286 W. McMicken Ave., Cincinnati 14
Beck, Colon, Clyde..... 14
Bechtel, E. E., 1436 Wayne Ave., Dayton. 14
Behymer, Harry W., Mt. Washington..... 14
Bennett, Herman, New Lexington..... 14
Beucler, Pauline M., Louisville..... 13
Bixel, P. D., Pandora..... 14
Black, George E., Rossburg..... 13
Bloom, J. H., Youngstown..... 14
Bloyer, W. E., Lancaster Bldg., Cincinnati. 13
Bowles, Thomas, Harrison..... 14
Brinkerhoff, E., Bristolville..... 14
Brothers, C. E., R. F. D., No. 21, Akron.. 14
Brubaker, M. M., Covington..... 14
Buck, B. B., Waterville..... 14
Burnett, J. H., Fostoria..... 14
Campbell, Chas. R., Newtown..... 14
Campbell, R. O., College Corner..... 14
Carey, W. W., Cuyahoga Falls..... 13
Chamberlain, H. H., Canton..... 14
Cloyd, S. H., West Alexandria..... 14
Cole, W. S., State St. and Grand Avenue, Columbus 13
Conrad, J. F., Magnetic Springs..... 13
Cooper, J. E., Springfield..... 14
Curl, G. R., Edgarton..... 14
Davis, Charles, New Holland..... 13
Decatur, P. E., Washington C. H..... 13
Deem, C. M., 378 W. 4th St., Columbus... 14
Dewees, N. M., Cambridge..... 14
Dice, J. P., 144 E. Main St., Xenia..... 14
Dickey, R. V., 563 S. Main St., Lima..... 13
Dozer, E. I., Crooksville..... 13
Duke, H. C., Richwood..... 14
Duke, W. B., Richwood..... 14
Dwire, H. E., Nevada..... 14
Estell, J. D., 219 W. 7th, Cincinnati..... 14
Evans, J. B. K., McGuffy..... 14
Evans, J. C., 2948 Colerain Avenue, Cincinnati 14
Faler, A. L., St. Johns..... 14
Feaster, H. P., Delaware..... 14
Felter, H. W., Chase and Pitts Sts., Northside, Cincinnati 14
Floor, J. M., Petersburg..... 13
Franklin, L. F., Chillicothe..... 14

Frederic, Harry B., 1035 Washington St., Sandusky 13
Fritz, John H., West Alexandria..... 14
Gemmill, W. T., L. B. 208, Forest, Hardin County 14
Goode, S. G., Sidney..... 14
Graham, W. H., South Charleston..... 14
Green, A. F., 8315 Cedar Ave., Cleveland. 14
Hagen, J. S., 1506 Harrison Avenue, Cincinnati 13
Hanna, Myron, Haviland..... 14
Harbert, J. P., Bellefontaine..... 13
Harding, C. L., Bellevue..... 14
Harley, G. W., Hollandsburg..... 14
Hartley, C. A., Troy..... 14
Hauver, Mary E., Jackson Centre..... 14
Heflebower, R. C., Lancaster Building, Cincinnati 14
Hobby, A. W., Sidney..... 14
Hollingsworth, T. D., Akron S. & L. Bldg., Akron 14
Holtzmuller, C. W., Farmersville..... 14
Homsher, G. W., L. Box 20, Camden..... 14
Hubbard, R. B., Sandusky..... 13
Huffman, A. G., Elmwood Place..... 14
Hull, J. Scudder, Hicksville..... 13
Hull, Norman, Blandinsburg..... 14
Hurst, Geo. A., Dorset..... 14
Hurst, J. L., Dorset..... 14
Iden, O. L., Somerset..... 14
Jenkins, J. H., Rushmore..... 14
Jones, B. K., Kenton..... 14
Jones, W. Clay, Kenton..... 14
Kannell, J. W., 122 S. Walnut St., Bucyrus 13
Kattenhorn, Fred, 1814 Vine Street, Cincinnati 14
Keeran, R. B., Findlay..... 13
Kemper, P. A., Germantown..... 14
Kimmell, O. P., New Madison..... 13
Kirkland, H. B., Berea..... 13
Kitsmiller, C. R., Fresno..... 14
Kyser, Dr. A. M., McComb..... 14
Lear, T. W., Coshocton..... 14
Lehr, W. F., Arlington..... 14
Leighner, G O., 6123 E. Main, Madisonville, Cincinnati 14
Lloyd, C. G., Court and Plum, Cincinnati. 14
Lloyd, J. U., Court and Plum, Cincinnati. 14
Lloyd, N. A., Court and Plum, Cincinnati. 14
McCally, J. R., 745 Brown St., Dayton... 13
McCray, W. F., New Burlington..... 14
McElhinney, J. H., Mansfield..... 14
McHenry, J. L., Hamilton..... 14
McKitrick, A. S., Kenton..... 14
Martin, H. P., Chillicothe..... 13
Martin, J. J., Bucyrus..... 13
Mattox, S. W., Marion..... 14
Mercer, B. W., Tiffin..... 14
Mercer, E. H., Grand Rapids..... 13
Mock, W. K., 2806 Lorain, Cleveland..... 14
Mundy, Carll S., Forest..... 14
Mundy, W. N., Forest, Hardin County.... 14
Musgrave, A. C., Ohio City..... 14
Naus, L. W., Upper Sandusky..... 14
Neiderkorn, J. S., Versailles..... 14
Neldon, C. M., Coshocton..... 14
Nesbitt, A. H., 243 N. 3rd St., Hamilton.. 14
O'Hara, P. H., Lewisburg..... 14
Otto, Chas. J., 294 Arcade Bldg., Dayton. 14
Park, L. E., 337 W. 9th Ave., Columbus.. 14
Peterson, M. L., 3412 Walworth Avenue, Cincinnati 14
Phillips, Wm., Jackson..... 14
Postle, W. E., Shepard..... 14
Powers, H. W., North Amherst..... 14
Rank, A. T., Cavett..... 14
Ream, C. E., Bowersville..... 14
Rechel, Conrad, 727 Hopkins Street, Cincinnati 14
Rogers, Ivadell, Delaware..... 14
Rosenberg, J. B., Lancaster..... 14
Russell, A. R., Hamler..... 14
Russell, C. W., 74 W. High St., Springfield. 14
Schiller, Silas, 624 Market St., Youngstown 14
Schirack, J. A., St. Henry..... 13
Schneerer, F. W., Norwalk..... 14
Schooley, E. W., 235 17th St., Toledo.... 14
Scott, Edwin, 2203 LaGrange St., Toledo.. 14
Scudder, John K., 630 W. 6th St., Cincinnati 14
Severns, B. F., Alger..... 13
Sharp, R. W., Buckland..... 14
Shepard, W., Shepard..... 14
Sherman, Jas. G., 1103 Mt. Vernon, Columbus 14
Sherman, S. M., 1103 Mt. Vernon Ave., Columbus 14
Shewman, E. B., 700 Livingston Building, Cincinnati 14
Shrader, I. M., Bowling Green..... 14
Shriner, W. W., 1558 Chase Avenue, Cincinnati 13
Sibert, S. H., R. R. No. 5, Wapakoneta... 14
Sidener, T. T., No. 5 Cinti. Bldg., Lima.. 14
Sifritt, N., Larue..... 13
Simmons, R. W., Carthage..... 14
Skeels, E. T., Akron S. & L. Bldg., Akron. 14
Smith, Chas. G., 224 Dorchester Ave., Mt. Auburn, Cincinnati 14
Smith, E. Florence, 24 N. 5th St., Newark. 14
Smith, Geo. W., 214 W. 3rd St., Canton.. 14
Smith, J. DeF., 2108 E. 3rd St., Dayton.. 14
Southward, J. D., Carey..... 14
Spencer, J. R., 952 W. 8th St., Cincinnati. 14
Stadler, C. E., 403 Opera Blk., Lima..... 14
Stemler, A. S., Good Hope..... 13
Stout, C. A., 27 Garfield Place, Cincinnati. 14
Sturm, E. A., Lockland..... 14
Sutter, Homer A., Round Head..... 13
Sutter, J. J., Bluffton..... 14
Swanson, John, 528 Walnut Street, Cincinnati 14
Swepston, G. M., McArthur..... 13
Swett, G. D., Albany..... 13
Swisher, Wm. H., 4th and Euclid, Dayton. 14
Taylor, A. P., 68 W. 5th Ave., Columbus. 14
Taylor, Ralph B., 1275 N. High Street, Columbus 14
Thomas, R. L., 702 E. McMillan St., Walnut Hills, Cincinnati..... 14
Tidball, Chas. W., 2274 Harris Ave., Norwood, Cincinnati 14
Todd, Harry D., Akron..... 13
Tracy, Lewis W. K., Harrison..... 13
Trisler, L. W., 73 Huffman Ave., Dayton. 14
Turner, W. S., Newark..... 14
Underwood, Emma, 620 S. Centre Street, Springfield 13
Van Buren, R. C., Carey..... 14

Van Horn, Allison M., Findlay..... 13
Van Horn, W. S., Findlay..... 14
Van Nette, Wesley, Clyde..... 14
Viets, Van D., 314 W. Federal Street, Youngstown 14
Watkins, Raymond, Blanchester..... 14
Weikal, W. F., Middletown..... 14
Welling, D. H., Worthington..... 14
Welty, S. F., Hicksville..... 14
White, Wm. A., Canton..... 14
Whitney, Geo. T., 1661 E. 115th St., N. E., Cleveland 14
Wiedman, H. F., Shadyside..... 14
Williams, Fred. O., 196 E. Long St., Columbus 14
Wilmuth, Clifford S., 98½ Main Street, Mansfield 14
Wilson, V. P., 1612 Western Avenue, Cincinnati 13
Wolf, E. A., Dennison..... 14
Wottring, L. C., 3557 Montgomery Road, Cincinnati 13
Wright, E. M., Warsaw..... 13
Wuist, J. F., 5th and Garfield, Dayton.... 14
Wurtsbaugh, F. M., Richwood..... 13
Wurtsbaugh, T. F., Richwood..... 14
Zolman, E. E., Ohio City..... 13

DELINQUENTS.

Behymer, Edwin, 315 Tusculum Avenue, Cincinnati 12
Berry, Jos. T., 1601 Balto. Avenue, Cincinnati 10
Blain, Harry G., Chicago Junction..... 12
Cheney, W. G., New Boston..... 11
Clotts, Daniel, Black Lick..... 11
DeCrow, R. W., Newark..... 11
France, S. M., Midvale..... 10
Hays, James, Van Buren St., Dayton.... 12
Herring, A. N., De Graff..... 12
Ilgenfritz, E. M., 269 W. Federal, Youngstown 12
Lawrence, R. E., 308 Bierce Ave., Dayton. 12
Leeds, Fredk. C., Winchester..... 11
McHenry, O. P., 129 N. 2nd St., Hamilton. 12
Morrow, M. M., 119 E. Grand Avenue, Springfield 11
Mott, J. V., Amelia..... 11
Payne, J. L., 954 W. 8th St., Cincinnati.. 11
Prince, W. J., Piqua..... 10
Ralston, Oscar, Bellefontaine..... 11
Rathbun, A. J., Berghill..... 11
Ruble, W. K., Martinsville..... 12
Russell, L. E., Groton Bldg., Cincinnati.. 12
Sloan, E., Marietta..... 11
Werner, W. L., Leipsic..... 12

OKLAHOMA.

Amos, C. L., May..... 14
Anderson, R. R., Buffalo..... 14
Athey, J. V., Bartlesville..... 14
Barton, A. C., Okfuskee..... 13
Beckham, G. M., Walter..... 14
Boone, J. W. C., Durant..... 13
Davis, Frank P., Enid..... 14
Gleason, W. L., Fairview..... 14
Hall, W. B., Moreland..... 14
Gray, M., Chickasha..... 14
Greer, A. C., Hochatown..... 14
Hampton, K. P., Soper..... 14
Kelly, William, Morrison..... 13
Leachman, Jas. S., Higley..... 14
Leachman, T. C., Richmond..... 14
Lee, J. M., Oklahoma City..... 13
Lee, I., Erick..... 13
Love, T. A., Ripley..... 14
McCarty, D. E., El Reno..... 14
Meredith, James S., Duke..... 14
Nasboro, John P., Enid..... 14
Nobell, O., Sharon..... 14
Peck, F. S., 207½ W. Main St., Oklahoma City 14
Pettitt, G. S., Oklahoma City..... 14
Ray, W. T., Gould..... 14
Sawyer, R. E., Durant..... 14
Seashultz, G. W., Oklahoma City..... 14
Sharp, E. G., Guthrie..... 14
Sharp, T. L., Orlando..... 14
Shelton, C. N., Agra..... 13
Stagner, G. H., Guthrie..... 14
Taylor, J. H., Perkins..... 14
Truax, Geo. H., Stonewall..... 14
Wade, R. X., Coyle..... 14
Watts, B., Okemah..... 13
Zink, H. F., Tulsa..... 13

DELINQUENTS.

Akers, W. D., Tyrone..... 14
Beckham, H. F., Roosevelt..... 11
Bradbrook, Henry, Oklahoma City..... 11
Burns, G. W., Conoway..... 10
Clark, W. A., Durant..... 11
Cox, F. M., Bison..... 11
Daniels, Wm. A., Featherstone..... 10
Devry, J. W., Helena..... 12
Jackson, George F., Mountain Park..... 12
Jenner, A. C., Durant..... 11
Jones, H. O., Elk City..... 11
Mellette, U. N., Holdenville..... 12
Myers, S. N., Helena..... 12
Price, C. G., Dougherty..... 12
Pryor, Jas. A., Shattuck..... 12
Riddle, A. S., Chickasha..... 10
Russell, R. L., Bailey..... 11
Tucker, Dixie B., Sulphur..... 11
Tucker, William M., Sulphur..... 11
Watts, D., Laverne..... 12
Wells, J. T., Erick..... 12
Yarbrough, H. J., Ada..... 11

OREGON.

Bean-Davis, S. A., 305½ N. Commercial, Salem 13
Henderson, H. L., Astoria..... 13

DELINQUENTS.

Keith, L. S., Portland..... 10
Coe, Urling C., Bend..... 11
Shearer, J. E., Grants Pass..... 12

PENNSYLVANIA.

Armstrong, Wm. A., 1808 N. Park Ave., Philadelphia 13
Barclay, A. O., Somerset..... 14
Bardwell, J. L., Ridgeway..... 13
Bealor, E. A., Shamokin..... 13
Blough, E. R., 1812 Brownsville Road, Carrick 14

Borland, J. R., Franklin..... 13
Bowman, J. T., Somerset..... 14
Bunnell, W. O., 105 Coal Exchange, Wilkes-Barre 14
Canavan, J. F., Care St. Lukes Hospital, South Bethlehem 14
Campbell, W. R., East Smithville..... 14
Deck, Elmer J., Easton..... 14
Dech, S. H., Easton..... 14
Edwards, D. W., Washington..... 14
Ewing, C. M., 716 N. 6th St., Harrisburg. 14
Flannery, C. F., 1118 S. Mill St., New Castle 14
Fritts, W. H., 535 N. 11th St., Philadelphia. 13
Gamble, T. A., East Troy..... 14
Glenn, Nannie M., State College..... 14
Glenn, C. G., State College..... 14
Glenn, T. O., Bradford..... 14
Glenn, W. S., State College..... 14
Gurley, L. M., Johnstown..... 14
Hazen, J. H., Titusville..... 14
Hazen, M. V., Titusville..... 14
Heacock, R. E., 401 Market Street, South Bethlehem 14
Helsel, W. L., Scalp Level..... 15
Hemminger, C. J., Rockwood..... 13
Hendrickson, A. W., 6004 Vine Street, Philadelphia 14
Holmes, R. E., 18th and State, Harrisburg. 14
Johnstonbaugh, C. L., 221 W. Broad St., Bethlehem 13
Jones, Byron C., 1306 S. Broad Street, Philadelphia 14
Keffer, W. O., Altoona..... 14
Keiper, J. D., 601 Bedford St., Johnstown. 13
Kingsley, H. O., Burlington..... 14
Kinsman, H. T., Gillette..... 14
Lafferty, J. T., West Hickory..... 14
Layman, A., 1630 N. 18th St., Philadelphia. 14
Lindburg, A. W., Philadelphia..... 13
Livingston, Frank J., Salix..... 13
Louther, S. J. H., Somerset..... 14
Lupher, J. M., Pleasantville..... 14
McCormick, S. S., Hublersburg..... 13
McFarland, L. R., Transfer..... 14
Meek, R. H., Avis..... 14
Meikrantz, Percy R., 22 Pine Street, Hazelton 14
Miller, A. D., Mt. Pleasant..... 14
Mulholland, J. M., 6 Water St., Pittston.. 14
Powelson, D. T., Johnstown..... 14
Rauch, Wm., 536 Vine St., Johnstown.... 14
Reese, A. C., care of Rich Sanitarium, Corry 14
Ritter, J. W., Jersey Shore..... 14
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The ideal general practitioner is virile by virtue of his environment; he is self-reliant from his isolation; he is resourceful from necessity; he exalts common sense above fine theories; he deals with all conditions and preserves a breadth of vision; grasps general principles, and failing the finer technical knowledge of the specialist, is spared the distortion of his perspective. He knows the patient as a man and a friend and not as a commodity, and he it is who exemplifies best and most consistently that unselfish regard for others that glorifies medicine.—Meara, in *Boston Medical and Surgical Journal.*

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The above cut represents a very good example of irritation produced by a Mikuliez drain. Coils of the ileum are matted together by fibrinous exudate, and the lumen is shown to be very much narrowed but still giving vent to some fecal flow. There are four distinct angulations, all matted together centrally.

THE NATIONAL
ECLECTIC MEDICAL ASSOCIATION
QUARTERLY

VOLUME V. CINCINNATI, JUNE, 1914. NUMBER 4.

ACUTE ILEUS (POSTOPERATIVE).

WILLIAM L. HEEVE, M.D., BROOKLYN, N. Y.

Acute ileus occurring after operations is rather a rare complication but still it occurs too often. We are prone to forget the warning symptoms and allow the case to proceed until it has produced much damage. It is but necessary to discuss the causative factors in a casual way, as any interference of an irritating or mechanical nature, ever so trivial, may cause a voluminous outpouring of inflammatory exudate and be the forerunner of this bugbear of surgery. Acute inflammation of the intestines, either localized or of large area, and its accompanying paralysis will be considered as acute ileus.

Causative Factors.—Irritation due to too much handling of the intestines. Traumatic areas of the peritoneal covering. Undue exposure or excessive aeration. Irritation produced by drainage tubes, gauze and lap pads. Irritation produced by adjacent inflammatory tissue. Irritating antiseptic solutions.

The above forces may produce a rapid formation of plastic substances which eventually cause adhesions and a matting together of coils of intestines. This matting process eventually causes a kink or a twisting of the coils and a secondary inflammatory process of the entire coats of the gut, all of which tend to lessen the lumen and finally produce a complete obstruction. Often we find a band between two coils which will strangulate a loop of gut or a band between the gut and the parietal peritoneum will do likewise. (See cut.)

Interference in the circulation of the gut, especially obstruction to the venous current, is a vital factor in the production of acute ileus.

Symptoms.—The premonitory symptoms are very misleading and as gas and abdominal pain with nausea are frequent symptoms during the third and fourth days postoperative, we are apt to overlook the initial symptoms of acute ileus. It is in those cases where we find little or no postoperative disturbances during the first three or four days and especially those cases where drains are inserted, that we can fully appreciate that an error in diagnosis is possible as we are more prone to suspect sepsis. Again, we may obtain partial results from cathartics and enemas and not

suspect a lessening in the calibre of the gut until the case is well advanced.

The cardinal symptoms, such as meteorism, pain, nausea, vomiting (which later becomes fecaloid), fall in blood pressure, collapse, partial or complete arrest of feces and flatus and a typical facies produce a symptom complex that can not be mistaken. The gradual onset of the above symptoms with a quick and weak pulse, slight elevation of temperature occurring after the fifth day postoperative confirms the diagnosis. Often symptoms will not manifest themselves until the end of the second week. In these late cases we find the death rate very high.

Differential Diagnosis.—We must consider *sepsis* which has its chill, temperature and typical pulse. The temperature is ascending with typical rise and fall. The brain symptoms point toward delirium either mild or severe. The white blood cell count and the differential count and the increased eosinophiles will be noted.

Hemorrhage: Sudden onset, rapid collapse, typical facies, sudden and marked fall of blood pressure, dyspnoea and extreme pallor produces an entirely different symptom complex.

Foreign Material: Such as instruments or sponges left in the abdomen. Pain is a typical symptom and is localized, meteorism, mild vomiting and the bowel as a rule is loose with increased tormina. But foreign materials may eventually produce an acute ileus.

We must consider *uremia,* as an old kidney lesion may remain latent and its latency disturbed by an operation. In uremia we may have gastric intolerance, subnormal temperature, slow pulse, combined with constipation and suspect ileus, but a careful study of the urine and a thorough examination of the history of the case will exclude uremia.

Prevention.—Careful handling of the gut with no undue exposure and the use of moist protective pads. No free blood allowed to remain, as free blood and blood clots are very prone to cause inflammatory exudates resulting in ileus; while ileus is not uncommon in the absence of free blood in the abdominal cavity, still the retention of blood clots is very often associated with ileus.

Frequent sponging unduly irritates the serosa, therefore we should reserve all sponging until just previous to final closing.

Irritating antiseptic solutions belong to the category of bad surgery.

Peritonize all raw serous surfaces and use plain catgut in doing it. Manual and postural arrangement of the viscera, especially the careful reposition of the omentum.

The use of drains must receive careful consideration as they are the causative factors in a large percentage. Gauze drains should be enveloped in gutta percha or other tissue. It is better to use rubber tissue drains. Mickulitz drain is a dangerous method and its field is very limited. It should be partly enveloped by a gutta percha or rubber dam so as to prevent intestinal irritation.

Protection of the peritoneum and serous coverings by the employment

of 30 c.c. of a 1 per cent. solution camphorated oil, applying it over the damaged serous surfaces as practiced by Hirschel, Pfannenstiel and Hoehne has given good results. Hoehne has been using this method for about four years and states that his experience is confirming more and more the fact that the reaction localizes the infection and destroys the germs in the abdominal cavity by mobilizing the exudation forces, the strength of which depends upon the capacity of the peritoneum for reaction, the choice of the irritating substance and the duration of the irritation. Care must be observed in using this method, as several cases of camphor poisoning have been reported and one death has been reported by Rubsamen. If no more than 30 c.c. of a 1 per cent. solution is used no bad effects will be observed.

Lubricants such as vaseline oil do not meet the requirements.

In those cases where we have a history of many years of constipation, and upon opening the abdomen we find a large bowel much dilated and a short mesentery, we must open the bowels by cathartics and enemas on the second day postoperative, and as a word of warning remember that cases giving a history of long years of constipation must be thoroughly prepared for operation.

Postoperation position is an essential weapon of prevention. In septic operations of course we use the Fowler position, but we must admit that in operations for septic manifestation of the lower abdominal or pelvic viscera we are liable to produce much harm by the Fowler position, but still we gain the good point of free drainage along the line of gravity and our end results are better. In nonseptic cases of the lower abdominal or pelvic viscera the Clark (pelvic high) or the lateral position is best.

Treatment.—The first question to be answered is whether an immediate opening of the abdomen is advisable. If we can localize the seat of obstruction, our diagnosis being correct and the patient is in good condition the operation is advisable.

If the symptoms are mild and the seat of obstruction is low in the abdomen, that is, the pain is hypogastric, we may use rectal enemas and hypodermatics of eserine and atropine with gastric lavage. If after such measures the result is still unsatisfactory waste no time on drugs, operate at once. The use of hormonol intravenously is not without danger and should only be used in well selected cases or as a dernier resort.

Early and quick treatment will give good results. The patient will often complain and beg to be left alone, but here minutes are as valuable as diamonds and no surgeon should allow the appeals of his patient to interfere with his better judgment.

The extent of operative interference whether a resection, anastomosis, colostomy or artificial anus must rest with the decision of the surgeon. When operating we must rest our decision upon the condition of the patient.

Acute ileus of the small intestines is a most serious condition. When the case has reached the stage of complete intestinal paresis operation will add insult to injury.

302 Summer Avenue.

CYSTIC DEGENERATION OF THE OVARY.

R. O. Braswell, M.D., Ft. Worth, Texas.

It is not our purpose in this article to cover the entire ground of the ovary cyst, but it is our purpose to call your attention to the pathology and constitutional disturbance caused by cystic degeneration of the ovary. Special reference will be made to cysts of the corpus luteum. There are unilocular cysts, the size, as a rule, from that of a pigeon's egg to that of an ordinary orange. They do not grow large, but we believe them to be the most toxic producing pathological lesion that affects the ovary. The cyst wall is comparatively thick, lined by a yellow membrane in which microscopical examination shows the bud-like papillæ characteristic of the corpus luteum. The recognition of this structure prevents their confusion with follicular cysts or even with suppurative ovaritis.

It is the toxic condition to which we especially call your attention. The history of these cases show but very little irregularity of the menstrual flow. Usually there is very little pain at the time of menstruation, but the flow is often profuse; not of the hemorrhagic variety, but the woman flows freely. There is very little and often no pain in the region of the ovary. At the time they consult a physician, as a rule, it is for the nervous condition and the toxic condition which is not thoroughly understood by the patient. They tell the physician that they get bilious easily and that the liver does not act well, and they have, invariably, more or less indigestion. They also tell the physician that they feel better after having taken a thorough course of liver medicine. They attribute most of their illness to the stomach and liver. These cases are practically all accustomed to taking something to keep their bowels open, consult a physician often, and usually frequently change physicians because of the same old routine with practically no improvement.

I believe it can be safely said that there is no pain accompanying the cystic change in the ovary. Many of these cases complain of pain, and do suffer a great deal, but the pain is due to some displacement of the uterus. Usually the uterus falls backward and downward. It may be that the position of the womb has some etiological bearing. We do not know which precedes the other, but it is our belief that the ovarian cysts are caused by retardation of the circulation to the ovaries from a downward and backward displacement of the womb, but I can recall a few cases of ovarian disease where the womb fell forward and rested on the bladder, but either position, backward or forward, would interfere with the circulation to the ovary. Whether or not this solution is a correct one,

I do not positively know, but there is one thing I do know, and that is out of many hundreds of cases that I have seen of cystic ovary, I have never yet found one case where the womb was in a normal position. This is about as much etiology as I am able to give.

All these women are nervous and hysterical. I do not mean to say that all women who are hysterical, have cystic ovaries, but I intend to impress upon your mind the fact that all women who have cystic ovaries are neurotics and are hysterical, more or less. The nervous condition becomes alarming in many cases and is the beginning of a mental and nervous breakdown, if allowed to continue. These women go crazy. Melancholia, mania and many other forms of insanity follow in the wake of this pathological cyclone. It is the toxemia or the absorption of poison into the system that causes the trouble. Tonics and rapid elimination benefit these patients only temporarily. They get better for a while and then the cycle returns and they become bilious again, as they call it, and it becomes necessary for them to follow a general routine of taking a round of liver medicine and cleaning up the system, which gives temporary relief, and so far as I know, this routine is followed out by all physicians from all schools and gives nothing excepting the temporary relief which is afforded by the elimination of the toxic elements, which rapidly form again and continue on from time to time. These patients are treated by gynecologists locally, from month to month, and even into years sometimes. They improve under the local treatments, with additional tonics and the eliminating agents given by the gynecologist. After a few weeks or months they feel much better and begin to neglect their treatments, but this period of improvement is limited and the return of their former condition is as certain as that night follows day. There is no escape from it, and each of us can at this time picture in our minds case after case that failed to be cured by local and constitutional treatment. These women almost worry the life out of the physician, and he often loses patience with them because he fails to detect sufficient pathology to cause so much mental and nervous disturbance, and he invariably classes her as one of his hysterical patients, believing in his own heart that Christian Science or suggestive therapeutics would really benefit her and is tempted to refer her to this class of fakers, forgetting that these women are indeed very sick and need the best care and attention that can be given them.

We wish to call your attention to a report of Mayo, which appears in his clinic of 1911, on page 547, he has the following to say regarding Dr. Pozzi's hospital in France: "In the experimental laboratory connected with the hospital, Dr. Champey demonstrated the extreme toxicity of the corpus luteum, rubbing it with water, he injected it into a rabbit and the rabbit died in two minutes." We quote this to show that in very recent years only, has there been but little said or thought about this form of ovarian disease. Textbooks have but little to say, and what they do say is absolutely erroneous. Practically no stress at all is laid on cystic ovaries.

They are supposed to be harmless and amount to but little. If the fluid from a cystic ovary, when injected into a rabbit, will cause the death of the animal in two minutes, why will not this answer the wailing cries of these poor, unfortunate women as to why they are always sick and never well? Experience and observation has led us to believe that the cystic ovary causes more nervous breakdowns and mental depressions, and insanity in women than all the other factors combined. It has been our experience that insanity ceases to play its weird march on the convolutions of the brain, when cystic ovaries were discovered and removed. Treatment of any and all kinds are not indicated in these cases. They are purely surgical in nature, and surgical interference is the only relief. Rapid, persistent and constant improvement is the invariable rule and recovery is certain to follow this simple operation.

THE DOCTRINE OF PREVENTION.

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The treatment of any disorder is divided into prophylactic and curative measures. In the older days of medicine almost all treatment was limited to the latter. Disease was regarded as a visitation of Providence, perhaps as an instance of the wrath of God. It was not our duty to question the wisdom of the Almighty in sending upon us disease and pestilence. We did what we could to save the life of the patient in spite of his God-given visitation.

In the light of our present knowledge we would consider such a course of action to be compared with the policy of employing some one continually to mop up water flowing from an aperature in a reservoir fed by a perpetual spring, instead of repairing the opening and so preventing the flood. So it is in the realm of disease, we may wipe up, or cure, disease continually without reducing the amount in the world unless we repair the opening, that is, stop the source of the stream.

We have found by experience that we are able to check the onward flow of many diseases by hygienic and other preventive measures. The scourges of smallpox are a thing of the past, as also are the epidemics of typhoid. Diphtheria has lost many of its terrors, for even this may be prevented from spreading.

So it is with all the contagious or infectious diseases except the two so-called social diseases. These we have tried to forget as far as possible. We have allowed false modesty to keep us silent as to the cause of the majority of the diseases of women. We have ignored the cause of the unsexing operations on women. We have tried to legislate against sterility.

We did, at last, overcome this false modesty sufficiently to teach the people the cause of ophthalmia neonatorum, or birth infection of the eyes,

so that this prolific source of blindness now is in check. When we consider that at least 30 per cent. of the blindness in the world was due to this cause, we readily can see why the measures now used commonly are necessary.

A very conservative estimate is that at least 40 per cent. of the operations on women are due to one cause, gonorrhea. By some authorities the percentage is given as eighty. A large percentage of the divorce cases and of the unnecessary medical treatment of women is due to the same cause. I say unnecessary treatment because it might have been prevented. It is estimated that about 80 per cent. of the men in the world and nearly that percentage of married women have at some time contracted gonorrhea. Of the people who have had that disease, at least 25 per cent. are left sterile, and many are mutilated by operations to save their lives.

No other disease in the history of medicine has had such disastrous results as has this well-known disease. Yet if an epidemic of any other disease, as yellow fever, threatens, we become very much alarmed and immediately sound a note broadcast and establish measures for the prevention of the spread of the disease. Just because this one disease, gonorrhea, affects what we are pleased to term the personal liberties of mankind, we hesitate about trying to establish any preventive measures; and, while we are hesitating thousands of boys and girls, men and women, are contracting the disease and becoming maimed for life.

We consider it our duty as physicians to tack up placards warning people about other contagious diseases. So it should be in regard to this disease. We can not, for obvious reasons, placard the houses of those afflicted with this disease, but we can prevent many young people acquiring the disease through ignorance and carelessness because they were ignorant of its woeful consequences.

The physician should consider it his duty to instruct the parents in his community so that they will give their children the instruction that will tend to prevent the wholesale distribution of a preventable disease that causes so much sorrow and suffering, so much loss of life, and which is a great factor in race suicide.

No physician is doing his duty to his community unless he does his part in bringing this subject to the attention of the public. The youth of both sexes are led into wrong paths and fail to achieve success in life because they do not understand the restlessness due to sexual excitement. According to Freud, this also is the underlying cause of neurasthenia. Boys contract gonorrhea in their youth because of ignorance and become carriers of the disease because of improper treatment by the corner druggist or the advertising quack. Girls become illegitimate mothers or enter into immoral lives because someone failed to give the warning. Nervous systems are wrecked and our insane asylums filled because someone failed to teach the child the dangers of self-abuse. Girls ruin their health during puberty because someone failed to teach them or their mothers how to care for themselves. The advertising men specialists are getting rich off their dupes,

mostly boys in their teens, because someone failed to sound the warning. Someone has been too falsely modest and prudish. That someone is the family physician, who should have taught the parents to instruct their children.

CEREBRO-SPINAL MENINGITIS; ITS TREATMENT AND CURE FROM PERSONAL EXPERIENCE.

Geo. H. Truax, M.D., Stonewall, Okla.

Cerebro-spinal meningitis, or spotted fever, of our older writers, is an inflammation of the membrane of the brain and cord, and is one of the most fatal diseases which we have to encounter. It is not seen so frequently in the country as in crowded districts and among the illy-nourished and poorly housed. From time to time, however, it breaks out where least expected and carries off its victims from the most carefully guarded homes. The diplococcus intracellularis meningitidis is the undoubted cause. The mode of entry is unsettled, but it is supposed that it gains access through the cribriform plate; at any rate, the organism has so often been obtained early from the upper nasal passages that it would seem positive that this is the point of infection. The disease is not contagious, as it appears at long intervals in the larger cities and disappearing as suddenly as it came. However, I believe it is infectious to a certain extent. Epidemics are most likely to appear in winter or early spring months. I believe that it is due as much to blood poisoning as to inflammatory exudates. It has been confounded with other fevers, such as typhoid and typhus fever.

The symptoms are all intensified and more rapid in their development than those of other forms of meningitis. It is usually ushered in with a well-marked chill and followed by vomiting, violent pain in the head and back, prostration, vertigo, tetanic rigidity of the muscles and delirium. The temperature usually is not high, but severe cases will reach 104° F., or possibly 106° F., and hold that point for from twenty-four or thirty-six hours without marked variation. A temperature of 102° F. or 102.5° F. is more common, and is usual with the milder cases or with those of slow development. There is usually no marked variation in the temperature, often there is no change for a long period. There are no intermissions and but slight remissions, with no regularity in their appearance. The headache, which is one of the first symptoms, rapidly increases until it becomes almost unbearable. This is accompanied with severe pain in the spinal cord, involving the muscles of the back. These muscles soon become rigid and the tenseness involves the muscles of the thighs, arms and neck. Brain symptoms appear quickly and consciousness is soon lost, the patient becoming dull and stupid and developing a mild delirium. In other cases the patient lies with the eyes open, but takes no notice of things around him and is soon found to be partially unconscious. In other cases there is great restlessness with a high degree of nervous excitability.

A convulsion may appear early; commonly the stiffness occurs in the muscles of the back of the neck, the head is drawn backward and forced into the pillow, the head can be moved from side to side, but flexion or extension will result in excruciating pain. The posterior cervical muscles are hard and in a state of tonic contraction from irritation of the anterior roots of the cervical nerves. In infants the constant movement of the head from side to side, with the crowding of the occiput into the pillow, is almost a classic symptom. I have noticed that infants and young children will close the thumb across the palm of the hand and close the fingers over it in the first stages of the disease. This is a positive diagnostic symptom before the other characteristic symptoms appear.

The pulse should be carefully studied in this disease. At first it is of good volume with no increased tension, and from 120 to 140 beats per minute. But it increases in rapidity and becomes soft and easily compressed. With nervous irritation it becomes rapid, small, hard and wiry, and in fatal cases it is small, feeble, very rapid and usually threadlike.

The respiration is irregular if there be any degree of nervous irritation or convulsions. If there is stupor, it will be regular, slow, and, in severe cases, stertorous. In advanced cases sighing respiration with Cheyne-Stokes' respiration or breathing is common.

The skin and muscles become very tender and sensitive, so that slight pressure produces pain. In about one-half of the cases of the sporadic or endemic form the eruption shows. In epidemics a larger percentage of cases will show the eruption—from which it derived the name "spotted fever."

Vomiting is very common. The tongue is usually coated slightly, thick and pale, loss of appetite. The secretions are all suppressed, constipation is apt to be present, with tympanitic distention of the bowels. Sometimes a clay-like coldness spreads over the whole body.

Prognosis.—Sophian says: "Early Diagnosis: The importance of early diagnosis, with prompt institution of treatment before the disease has made too much headway, is apparent. Epidemic cerebro-spinal meningitis is, in most cases, a virulent, very acute disease."

It is very important to begin treatment before the meningeal suppuration has advanced too far, before the hydrocephalus has become alarming, and especially before there has occurred destruction of important structures, which will cause permanent disability. With his serum treatment he gives the mortality at 37 to 50 per cent.

Scudder says: "I do not regard the prognosis as unfavorable if the disease is seen in time and a proper treatment is adopted Taking the disease as it ordinarily prevails, it is probable that the mortality will vary from 10 to 20 per cent. We must not forget the fact that in some situations the cause of the disease is very intense and it exhibits very great malignancy; indeed, in some localities, many times death would have occurred before the physician was called to the patient."

Ellingwood says: "The prognosis should be guarded, as in severe epidemics from 50 to 75 per cent. will die."

From my own experience passing over a period of about thirty-five years, the mortality under my old Eclectic treatment for about twenty years was about 20 per cent. For the last fifteen years, under the treatment that I am now using, the mortality has been less than 10 per cent. Still, our prognosis should be guarded. It is a disease subject to sudden and repeated relapses, and mild cases sometimes terminate fatally.

Treatment of cerebro-spinal meningitis has not proven very successful with the majority of physicians. Every physician should make a special study of this disease, for I believe that with the treatment that I am about to outline at least 80 or 90 per cent. can be saved, provided the physician is called in time. I wish to impress upon your minds the necessity for you to take off your coat and roll up your sleeves, and prepare to stay with your case until you get results from your treatment. If possible, have your patient placed in a well-ventilated room away from noise and confusion.

First, give a brisk cathartic of Epsom salts or elaterium. Flush out the lower bowel with a high enema, place your patient into a hot bath, into which has been dissolved Epsom salts, one ounce to the pint of hot water, and mustard or capsicum a sufficient amount to make the bath real stimulating, bathe thoroughly for fifteen or twenty minutes; dry with a rough towel, using due friction. Place hot water bottles to the feet and sides, rub turpentine the whole length of the spine and baste it in with heat. By placing a long strip of flannel cloth extending the whole length of the spine, heat two sad irons, and proceed to iron the cloth; use as much pressure as necessary to thoroughly heat the back, keep up the ironing process for ten or fifteen minutes at a time. Repeat every thirty or sixty minutes until your patient is relieved, then two or three times daily until thoroughly relieved. I sometimes place a sharp mustard plaster the whole length of the spine and let it remain until it reddens the part, then remove and apply the turpentine as mentioned above.

If your patient is suffering great pain, use hypodermically a No. 2 H.M.C. tablet combined with one-fourth grain of pilocarpine. If the patient does not sweat profusely in one hour repeat the dose. If the patient is not in much agony I use hypodermic lobelia instead of the H.M.C., but do not omit the pilocarpine as we must have elimination from the skin. Next, prepare an enema, as follows: Normal salt solution, one pint; echinacea, one-half ounce; chloral hyd., gr. xxxx. Use as enema; repeat as required. This will quiet your patient and he will pass into a quiet sleep.

You will generally find indications for gelsemium; rolling the head, restlessness, pain in the head, bright eyes and flushed face, calls for this medicine. It should be given in two or three drop doses every hour until the effect is produced, or until the indications have subsided. When the patient presents that dull, listless coma, or stupor, and apparently hears or sees nothing, use belladonna, and I administer it in proper indicated doses.

I sometimes combine aconite and belladonna, as follows: Specific medicine aconite, gtts x; specific medicine belladonna, gtts xx; aqua, q.s., oz. iv. M. Sig., a teaspoonful every hour. Where there is a torpid circulation in the skin I would combine pilocarpine or jaborandi to the above prescription. For excitement of the nervous system I administer the following: Specific medicine veratrum, gtts xxx; specific medicine gelsemium, ℥ ii; aqua, q.s., oz. iv. M. Sig., a teaspoonful every hour. Or, cactus, ℥ i; pulsatilla, ℥ ss; passiflora, ℥ iv; hyoscymus, ℥ ss; aqua, q.s., ℥ iv. M. Sig., a teaspoonful every two or three hours to keep the patient quiet. Give teaspoonful doses of echinacea every three or four hours until your patient is out of danger, then three times daily until well. Give nourishing and easily digested food. Bathing the surface of the skin with the following bath should not be omitted: Epsom salts, one ounce; warm water, one pint. Dissolve and use as sponge bath once every day. The above treatment has been very successful in my hands for many years, with a mortality of less than 10 per cent. Try it and be convinced.

MENSTRUAL IRREGULARITIES.

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In the New Testament there is the history of a "woman who had an issue of blood for twelve years and had suffered many things at the hands of many physicians, and was nothing bettered but rather worse." A very meager and brief history, and, conjecture as we may, we can arrive at no definite conclusion as to the cause; but that she suffered much distress, both of body and mind, we may very reasonably conclude. If a married woman, who desires to avoid the responsibility and unpleasantness of child-bearing, passes two or three days over the time of her regular period, she will suffer much mental distress, pass a restless, sleepless night, be cross and peevish, perhaps threaten suicide, crawl down the stairway head-on, and, if her physician fails to give her some strong drug, take a large dose of calomel, bitter apple, or some other equally pernicious drug (when nothing was needed but a little time and patience), and thereby bring on a menstrual irregularity which will tax the mentality and skill of the best therapeutist to relieve. If a young girl, in her overfondness for her favorite beau, becomes lax in her conduct, and permits him privileges inimical to her good character and chastity, "misses a period," she will curl up in bed, have a fit of hysteria, send for her favorite physician, and, with much weeping many tears, red eyes and nose, implore him to "bring her around," and he, in his over-weening desire to please, will do something unneedful that will bring on an irregularity lasting throughout the remainder of her natural life.

If one be reared in the lap of lavish luxuriousness, nothing to do but lounge lazily on the davenport, sit on scented silken cushions, leisurely stroll the shaded walk, or idly swing in silken hammock, reading the lightest of

light literature, without exercise, mental or muscular, her flesh and tissues will be as soft as a new-born babe's; her muscles can not be distinguished from her adipose tissue, and as is the outer structure so is the inner. Now, she has arrived at an age when she must enter society; she must dance, play lawn tennis, and do the things her associates do. When she has gone the rounds of polite society for a few months, enthusiasm begins to wane, the excitement incident to the newness of lively scenes begins to cool, and a prostration comes on, due to the exhaustion of inadequate muscular structure; she takes her bed, and it will be found, owing to this lack of muscular stamina, that her indulgences, though moderate, have juggled this soft, dough-like organ, called a uterus, flat down on the floor of the pelvis, and it lies prostrate and helpless on the perineal muscle, if this structure deserves the name. The result is, we have blood stasis, engorgement, uterine inertia, from whence comes hypertrophy with its concomitant menstrual irregularities. One has said that, "an ounce of prevention is worth a pound of cure." Another has said of gravitation, "Thou art the beginning and thou art the end of all things." Science has shown that, without *motion,* molecular, cosmic and aggregate, life could not exist on this planet. In truth, there would be no planet upon which to exist. Motion is a creative force and bears a close relationship to life, and life lies very near to the Creator; in fact, in every life there is some of the creative power, God power, God force, God.

Anything which disturbs, throws out of balance, or modifies rhythmic cell motion, disturbs right life and throws open the avenues for the entrance of wrong life (disease); hence, as is motion (rhythmic cell motion), so will be the life of the individual. Listen to the rhythmic sound of a normal heart—"lub, dub, lub, dub, lub, dub"—as regular as the tick of a well-constructed clock. Do something to the person wearing this heart to increase the pulsations from seventy per minute to one hundred and twenty, and note the result, which, if not immediate, will not be very remote. If this old earth, or any of the stellar bodies should become arrhythmic, or cease their motion for an instant of time, there would be a calamitous collision, and the universe would go to "smithereens." Oliver Wendell Holmes said he could cure consumption, by beginning with the great-great-grandparents! What then? Let us use the ounce of prevention and begin by training our girls to outdoor, open air, muscular exercise, building up bodies strong to resist the strain of life, able and willing to cheerfully perform the functions of life as designed by the Creator.

The training of a child should begin when it is one hour old, give a right start, and, as it grows up, train it to outdoor, athletic muscular exercises; all can not be Sandows, but many can approach that standard.

The writer has seen in the beautiful blue grass section of the State of Kentucky, the home of handsome horses, corn and *wine,* milk and honey, wonderful woman, wonderful for their grace, form, feature and exquisite loveliness, a girl with the agility of a gazelle, who could bound

from the back of a bolting horse, leap from the uppermost rail of a five-foot fence, and not jar out of their normal site the hundredth part of an inch, her uterus, kidneys, liver or heart. But what shall we do for the poor, weak, emaciated, bloodless victim, who, by accident, design or intent has incurred the displeasure of nature, and has an "issue of blood," menorrhagia, metrorrhagia, *menstrual irregularities*. My, my, my, their number is bewildering, and the causes like the sands of the seashore; but we have a materia medica abounding in remedies suited to these cases when rightly applied. We have met not a few, and cured some, but modesty forbids that we at this time should itemize or specialize.

I deem it the duty of every physician to so instruct the fathers and mothers who come to him for advice in the care and training of their children, especially the girls, as to their bringing up, so that they will be able to discharge the task imposed upon them, that of maternity. Let us teach our women not to fear or dread child-bearing, but to rather glory in it.

Not long since at a little obstetric party we met a lady, sixty years old. Her hair was "raven," eyes and eyebrows black, her temples like the edge of a miniature snowdrift, and her face was good to look upon, like "apples of gold in pictures of silver." She informed us that she was the mother of twelve children, and we remarked that "she should be crowned queen of her community." My own mother, besides bringing up two which father brought with him when he married her, gave birth to a dozen, without a miscarriage, none of the fourteen dying under the age of sixty years, and the youngest is now a few months past that age.

PRACTICAL AND PAINLESS CHILD-BEARING.

M. A. Carriker, M.D., Nebraska City, Neb.

Dread of Child-Bearing.—The millions of infanticides among married women, the willful determination to not bear children, the separations and divorces because of pregnancies, the desperate efforts to prevent conception in marriage, the barbarous and murderous things that are done by women to abort themselves often when married, the thousands of cases of incomplete recovery from childbirth, the chronic diseases directly traceable to unskilled management during and after childbirth, has such a profound impress upon the mind of the most faithful and devoted wife that she often shrinks from child-bearing, and thousands more only bear children because they know not how to escape from the pangs of its ordeal, while the written and unwritten pages of infanticide and suffering mothers tell the saddest story of womankind.

Pain and Suffering.—Pain and suffering are the first consideration of the coming mother which makes her shrink from the fond anticipations to have a child, to love, to almost worship. No other persons know the anguish of the woman in child labor and the silent, sympathetic expressions

of the physician, as he holds the brittle thread of life to bring the processes of labor to a successful termination.

Pain and Perineal Laceration.—The thought of pain sends a thrill of anguish through the very soul of woman when she recalls the pain and anguish she once or more often endured, or that she has read in the face of another woman in labor, for the sake of a child to bless her home and console her when she has grown old and infirm. It is an awful condition for women to endure, who love health and perfect physical womanhood, that of perineal laceration, when it is not timely and skillfully repaired and her convalescence does not terminate in complete health and strength, as before she added one more human soul to history and to the army of paradise.

The causes of perineal laceration are desire of the woman to hasten the process and expel the child as soon as possible, that she may be freed from pain, muscular rigidity of the perineal tissues, muscular contractions from the effects of intense pain, size of the head out of ratio to the anatomical organization of the woman, friable tissues, too rapid expulsion of the head, and unskillful manipulation of the perineum and head of the child.

Cervical Laceration.—Pain and cervical lacerations may justly engage the most intense fear of the parturient woman when she has a knowledge of their seriousness. What obstetrician has not seen the desperation of the laboring woman, when the os uteri is rigid and unyielding, when the uterine contractions are frequent and powerful, and when the child's head bursts through the cervical canal and she suddenly relaxes, as though the life were going out of her body. The common causes of cervical laceration are thick, rigid os uteri, most powerful expulsive efforts in this condition, heroic efforts to expel the child and get free from pain, too rapid labor when there is not relaxation, too powerful expulsive efforts without relaxation, inattention by the physician when these powerful expulsive efforts are being made, although it is difficult to control the woman with remedies and anesthesia, for there is always danger of cervical laceration when the os uteri is not completely relaxed, when the head of the child is forced through by powerful uterine contractions and expulsive efforts.

Forceps and Their Work.—Forceps and its dangers, as well as its advantages are the ultimatum of child delivery. But the dread of them by the woman and her husband because of the painful results so often presented, may truly cause the sympathizing and humane physician to shrink from their use and turn to a more rational and natural, a more humane and less dreaded method of delivering the parturient mother.

The forceps have a place and a work when the woman is weak and when worn to exhaustion, when there is placenta previa, when there is shock and the life of the woman and child are in danger, when the head of the child is too large to be borne by the strength of the mother, but in these conditions and when too much haste and unnecessary force are used, crush-

ing the child's head and terrible lacerations of the mother are too often the result, especially when complete relaxation and dilatation do not exist.

Danger to Child and Mother.—Parents can not comprehend the risk to the life of the mother nor the danger that often confronts the physician in this class of cases; hence, when everyting does not go well, they are too often ready and do sharply criticize the skilled and faithful physician.

Lacerations and Their Effects.—Perineal and cervical lacerations always humiliate the physician, impair the female pelvis, invite serious nervous derangements, are the causes of incomplete convalescence, and the direct causes of the long train of chronic diseases that make the lives of our wives and mothers practically invalids during life, or chronic complainers, and justly, too. The causes of insanity in women can almost invariably be traced to perineal and cervical lacerations and incomplete convalescence, and the injurious effects of forceps, which are often unavoidable under the present management of obstetric work.

Faithful and Skilled Attention.—There is not a condition that requires more faithful and skillful management on the part of the physician than that of pregnancy, from the time of conception to the time of complete convalescence after the birth of the child; for, when the creative system of woman has been impaired, her general health is also impaired. Her sexual activity and conditons are the pride of the thoughtful and considerate woman and the culmination of man's admiration. And since it is a fact, known to every physician who makes the diseases of women a specialty and who traces causes to logical effects, knows that 95 per cent. of all chronic diseases in women are traceable to the causes mentioned. What are women and men with sexual impairment, depletion and inertia? What is the earth without the sunshine and the gentle showers in the spring time?

The Better Way.—There is a better way of child delivery except in real emergencies. Necessity is the mother of invention. Invention marks the progress of a nation and the added success of physicians, and enhances the smiles of the people. So the method of delivering the parturient mother that we have long adopted was forced upon us, because the husband would not consent to the use of the forceps in an emergency case.

Pelvic Pressure Externally.—When frustrated in the non-use of the forceps, we conceived the plan of external pressure over the pelvis of the laboring woman, so as to increase her muscular power, added to the power of the attendant while the woman is laboring.

The palms of the hands, with the fingers and thumbs spread as much as can be and use them easily, are placed over the globe of the uterus, with the ends of the fingers pointing downward and held in position in a natural way, with even pressure with the palms of the hands and fingers, the attendant standing with back toward the face of the woman.

How and When.—When the woman is beginning to labor and the abdominal and pelvic muscles have hardly begun to contract, the attendant presses, with considerable force, posteriorly and downward, and the harder

the woman labors, and the more intensely the said muscles contract, the greater pressure the attendant employs. Soon as that labor effort has ended, he releases his hands while she rests. Every time she gives evidence that pain is coming, and before the muscles have really *begun* to contract, he repeats the abdominal and pelvic pressure—always intensifying the pressure in the ratio of the muscular contraction. While the physician attends to his duty with the head of the child and the perineum, the attendant attends to his pressure until the child's head is born.

Danger to Child and Mother.—There is no risk or danger to the child or to the mother, unless the pressure is out of reason and practical application of it, which would bruise the abdominal muscles and bring unreasonable pressure on the child; but I have never seen such results, as the pressure used is always made in a natural ratio to muscular resistance.

Remarkable Results.—I have used this method for twelve years, and have never during this time seen other than remarkable results, which so gratified me and the mothers that I have never used the forceps, notwithstanding the unfortunate results that sometimes were forced upon me; although I believe that I was quite an expert with obstetric forceps, though others might differ from my opinion.

Incomplete Convalescence.—Incomplete convalescence always brings a history of pain; of suffering; of creative and brain irritation and often exhaustion; brain and nerve relaxation; muscular relaxation; local functional and organic impairment; slow septic processes; impaired nutrition; insanity; toxic conditions that are the result of retention; impaired digestion, assimilation and nutrition; and these conditions induce increased disintegrated retention; invasions; enervation and too often neurasthenia, as the closing scenes of a long and suffering life.

Remedies that promote relaxation and more natural delivery are a very important adjunct, and prevent to a marked degree the sequelæ of child bearing.

Lobelia and Lavender Comp.—When the tissues are firm and muscular development is marked; when the tissues of the os uteri are thick, firm, rigid and resisting; and the perineal tissues are in the same condition, we give the following:

℞ Specific Tincture Lobelia.....drachms ii.
Comp. Tincture Lavender.....drachms iv.
Simple Syrup, q.s.....ounces iv.

M. Sig.—Teaspoonful every half or one hour, according to the condition of the tissues, and especially the os uteri and perineum. Continue until complete relaxation presents. If nausea or vomiting should occur, give smaller doses.

When there is fear of trouble or of death; or gloomy, despondent condition; or discouraged, listless, inactive, indifferent condition, we give ℞ Pulsatilla, gtt x; Aqua pura, oz. iii, teaspoonful every ten minutes until the condition disappears. The cause of these conditions are the

irritation of the faculty center, vitativeness, which is adjacent to the creative center, amativeness, and the pulsatilla has a remarkably soothing and quieting effect on these two centers in the brain, which relieves the condition of the mind.

When there is congestion of the conjunctiva, or the sclera is infiltrated; or there is unnatural thirst, and excited condition of the woman, ℞ Ferrum Phos 1x, grains iii; Aqua pura, ounces iii, teaspoonful every ten minutes until the unnatural desire for water disappears, and conditions have improved. This remedy for these conditions has a remarkable effect. Usually one teaspoonful dose does the work.

When the labor efforts have practically subsided; or at long intervals; or uterine contractions are feeble, or disappear, give of the following: ℞ Spec. Tinct. Macrotys, drachm i; Aqua pura, ounces iv, teaspoonful every ten minutes until all labor processes are increased, then every fifteen minutes until the desired results are obtained.

When the patient is nervous, excitable, with flushed face; or when the os uteri is thin and rigid; or there is a wild, anxious expression of the eyes and face, and convulsions threaten, or nervous paroxysms, ℞ Gelsemium Semp., gtt. x; Aqua pura, ounces ii, teaspoonful every five, ten, or fifteen minutes until conditions have become normal.

Painless child birth without drugs or anesthesia is the hope and desire of every considerate physician and prudent wife and mother. That such a method is at command; that it is practical; that it is and has for many years been eminently successful, is beyond successful refutation by the wisest physicians, and every mother, who has had the glorious experience of that kind of work, will testify. However, drugs specifically indicated and rightly administered, are very helpful and never do harm; and are an important adjunct to all methods used for the relief of pain, and to make child-bearing easy and painless.

Proper Food Very Important.—No one thing is more important than the right kind of food, for the mother and the fœtus, and to make labor less painful. The last four months, especially, fruits, nuts and cereal and grain food for the morning meals; whole wheat or corn bread, or rye for a change, with choice vegetables and nut foods for dinner; and rice, baked potatoes, with whole wheat, or rye bread and olive oil, and peanut butter for supper, cool and calm the nervous system; build a clean, strong body; avoid and prevent many troubles that meat, cheese and eggs with fried potatoes and fried foods, and rich combinations induce; which make all the processes of labor and birth more complicated and difficult.

Mind Controls Matter and Mind.—Mind controls matter and mind; therefore controls pain in the parturient woman, and in confinement, when skillfully managed. What we are and what we become is the result of auto and external suggestion, more than from heredity. Environment is suggestion audible and silent; and since women have the faculty of approbation large, when not masculine women, they are more amenable to sug-

gestion than men; and can always be controlled in child labor, because they have this faculty large and also that of spirituality; and because, when laboring they become negative, and are therefore the more easily controlled; and it is sometimes marvelous how easily and completely their pains are controlled by wise suggestion.

Faculty Affinity and Rapport.—When we know the constitution of the mind and the language of the essential faculties; when we know how to put faculties in harmony and rapport; when we understand how to give suggestions to faculties so that they will accept them and act upon the suggestions, we have mastered the art of painless child bearing.

Master Mind, Mastering Mind.—To accomplish great results we must have a master mind. If we have a master mind, we have a mastering mind and a mastered mind; for he who has not a mastered mind has not a mind that can be mastered; therefore can not be a great success as a suggestive obstetrician. We have not time to give the philosophy of successful suggestion; but that belongs to our forthcoming work on this subject. We can only give briefly the technique of the work here.

Technique of Suggestion.—The operator must be calm, positive and confident. He must avoid demonstration. He must move slowly, deliberately, and positive of success. He must avoid passes, or divulgence of his intentions, so that he may not arouse any suspicions or distrust, or weaken the patient's confidence in his ability as a physician, and nobility as a man. He must feel self-possessed and that he has great personal power. He must not make angular motions, or speak in negative language. He must clear the room of all gossips and persons who may be objectionable or antagonistic to his purpose, and to do this just look each person in the room in the eyes with a firm, significant and positive feeling and a penetration that would permeate their whole frame, and in a few minutes they will be on their way to their abiding place. The lady you may wish to assist you, or the nurse, you will pass with a complacent look, which will be understood, or she will, and such remain to assist you and add to your magnetic power.

Magnetic Power.—The kind of magnetic power required is not essentially vital, but facultative. It is not a question as to your being a large, portly man to accomplish these great results, but a question how well you can use your mind, and especially the concentrative energies vested in special faculties. If you are firm, commanding, if you can and do master yourself successfully, under all conditions, then you are in a condition to master others; for self-mastery is the power that masters and controls others.

Kindness and Gentleness.—You must be kind and considerate; you must be firm and positive, and yet very gentle, that you can send the blood from the animal and selfish faculty centers into the centers of the moral brain of the subject, so that you can thereby control her mind, because control exists in and comes through the moral faculties, and especially spirituality, conscientiousness and approbativeness, although the last named is not a

moral faculty but loves appreciation and courts the respect of others and their laudations, while veneration gives consideration to others, and thereby to the physician, and especially under these conditions. Self-esteem *must* receive *laudation* to be controlled. But should you not know these things, and must depend on your general judgment, you will then observe the essentials on your part, as an operator, and note that whenever the eyes of your subject have a soft, mellow, gentle expression, that the eyelashes quiver or vibrate easily when you look the person in the eyes, you will then know that you have a subject easily controlled.

We will presume a case in actual practice, so that we can give the details in the shortest time, and make the subject clear to any who have never used these methods in the control of pain, in child labor or otherwise. Be seated on the side of her bed, or on a chair, as you prefer, in front of her; look her steadily in the eyes, but never stare at her; gather magnetic, *facultative* power slowly, until you are a real dynamo of power and feel that you have great power of self-control and of your subject. A minute or two is sufficient time for this. Now say to her, "You are a very kind woman; you are always willing to do all that is possible to be a loving, happy woman and to assist the physician to make your labor easy and without suffering, and you will do so this time." Never, never, say pain. Never use that word. Next say to her, "You are feeling more calm and rested, and your nerves are under your complete control. This time you will have only a dull, heavy feeling at times, but when you labor hard and powerful you will feel free and very strong. You are resting easy now, your head does not ache, and you have no desire to bear down or like laboring and feel real well. When you do bear down and labor hard, and the desire to labor passes, you will relax, feel sleepy, like closing your eyes and resting, for that is your natural way." You are looking steadily in her eyes, firm, positive, but not staring, and you now say to her, "You are beginning to feel like bearing down; it is coming, coming, bear down harder, harder." After she has labored as long as you deem wise, which may be a minute, you suggest as follows: "The labor has passed; you can not labor longer, and you have not suffered at all and you did well. You are relaxing, resting, and are free from any bad feeling. Close your eyes, as you know you rest better when they are closed, and then you will sleep and rest, for that brings strength again." While she is doing this, say, "Breathe deep and slowly, and you will rest better, you know." If she does not want to look in or at your eyes, you will then continue to look in a firm, positive way at the space between her eyes and think your suggestions while she labors, and by and by she will be more than anxious to look you steadily in your eyes, because she has learned that, some how, she feels better and has no pain when she does so. She has rested and dropped into a hypnotic sleep for a minute or two, and now you say to her, "The labor is coming again and you feel very much like bearing down. Bear down—harder, harder, real hard and you will feel so much easier." After a labor of as

much time as you think justifies her strength, without rest, you again suggest, "The labor is gone, you can not labor for there is no desire. Relax, rest, close your eyes, sleep." Using more impressive suggestion as you say *sleep*. Now the labor is well started, and you have nothing to do but to continue these suggestions, as indicated.

If she is not inclined to heed your suggestions, and gives evidence of obstinacy, you will say, "Now, good lady, if you wish to have an easy time, better than you ever thought, or expected, you will cheerfully do as I suggest to you; but, if you wish to manage the labor your way, that will be all right with me; for it is yourself that must suffer and not me; but I am certain you want to do as I suggest, so it will soon be over, and so you have an easy time; for you must know that I have had such a large experience in this work, and been so successful, that I can be of almost unlimited service to you, when you follow my suggestions, as you have endeavored to do, and are succeeding so well." It matters not, if she has been exceedingly obstinate, and is inclined to think she knows all about it, as she has seen a child born, or has given birth to one or more children. Honor her whims, be kind but firm, and you will soon lead her and have complete control of her.

"Now you have had a real good rest and sleep, and you are so strong again." "The labor is coming, and very *strong* this time—*harder, harder—that's* the way, I *knew* you were a *powerful* woman of strength." "Rest, relax, close your eyes, *sleep*." Say sleep with power, but very feelingly and gentle.

We will never begin the suggestions and control the labor until the os is relaxed and the dilatation is so far advanced and the tissues so yielding that you know everything is all right, and by possibly continuing the lobelia compound, every twenty or thirty minutes, the dilatation is complete and the child is easily and soon born. She has rested, is sleeping, has slept several minutes because she has labored hard. Now suggest again, "The labor is coming, *coming, harder, harder, bear* right *down, harder.. That* is the way. Steady, close your mouth, be firm, powerful. That is the way. The long, steady, powerful effort will soon bring it through. Well done. Relax, rest, *sleep*."

Backache.—When the back across the sacrum begins to ache, and she can hardly labor for the pain, there are two things to do: Slip the right hand under her back, in the region of the pain, with the palm of the hand upward, and the points of the fingers pressing against the back. Hold a few moments, giving yourself suggestions that you *can* and *will remove* the pain, and then as you draw your hand from under her back, suggest to her that the pain is coming out, and as the hand is drawn from her back say, "Now it is all gone," and *believe* that it is and *impress* her mind that it *is*. If she *insist* that her back still *aches,* say "No, it is just a dull, heavy feeling, and will all leave, as you labor, and the harder you labor the less unpleasant." And this is true, for the intensity of the effort presses on the nerve supply and practically deadens the pain.

Never ignore the idea of pain; for that is not true; for so long as we are united with matter, so long we can recognize pain, because it will exist, until the mind of the subject or the operator controls the conditions of pain, the causes and effects.

Now the head has come down to the perineum, and we are again on the danger line; and here is where the skill of the operator is once more tested. But since the subject is in a stronger negative condition than at any time during the labor, she is more easily controlled and the pain completely put at rest.

As the head comes against the perineum, we will have the fingers of one hand against the lower part of the child's head and the fingers of the other hand, or the thumb, on the superior part of the perineum, and while we raise the head with one hand, we will press down the perineum, so that the head can easily be born without laceration. If we find that there is too much risk, we will instantly stop the labor by saying to the subject: "You can't labor any more, *stop*, rest, relax, sleep." And this will be done instantly. When she has rested, you have hand in place, and you again suggest, "The labor is coming, easy, easy, slowly, carefully." And, if there still seems doubt in our mind about the safety of delivery, we again suggest, "You can not labor, the labor has stopped, you can not bear down." Rest, relax, *sleep*. And she rests calmly and in perfect ease, while we slowly raise the head and press down the perineum until we believe it is again safe for her to labor, and at last we say, "Bear down carefully, carefully"—and the head is born without laceration whatever! This is wonderful, when we have seen it again and again, so successful!

Pelvic Pressure.—Pelvic pressure is not to be begun by an attendant or the physician until dilatation of the os uteri is well advanced, and evidences progress in the stage of labor. The physician will teach the attendant just how and when to make pressure, as explained, and then the attendant will do that part of the work. Continue the pressure when she labors, until the head is born; but always use judgment as to the intensity of pressure, and, as stated, muscular resistance will be the guide. One more effort and the body—the child—is born! What a joy, and yet no pain. Wonderful! All are delighted, and the physician is the wonder of the household and community; provided he has confidence in himself and his ability, and first controls himself, then the woman is easily at his command.

Forceps Delivery.—But the attending physician has a case he decided must have a forceps delivery. I am sorry. The forceps are brought and placed under cover of the bed, so that the woman did not see them placed there. She knows not of their presence. We look the patient steadily in the eyes; we have her placed in position across the bed, with the attendants at their posts of trust; we gently slip one blade in position, then the other blade; we lock them, and perchance the patient has a quick short pain just as they are locked, and she says, "Doctor, take that pain." We say, "It is gone, you are resting." It is done. Now the work goes on, just

the same as though the forceps were not being used. The labor continues; the pelvic pressure continued; and when the head presents against the perineum, and we are certain the forceps are no longer needed, we look the patient intently in the eyes, slip one blade out and then the other, and finish the labor as in the case without the use of forceps. It is again finished, and the grandmother says lustily, "Bless the Lord." But what about the physician, the attendant and the dear good wife, who is now a mother?

"If at first you don't succeed, try, try again; for all that other folks can do, why with patients should not you." If you think strongly enough that you can, you will.

But you must learn the philosophy of the mind; you must become a master mind and then you have a mastering mind; you must learn the technique of the work; you must know how to suggest to the essential faculties that constitute the mind power in such cases; you must always be calm and self-possessed; you must feel that you have great power of mind and know how to use it for the benefit of others whom you serve.

The child is born; the placenta removed, every vestige of it. You manipulate the uterus through the pelvic wall; you contract the uterus, and then you stand with your back toward the face of the mother; you lay the hands on the pelvis, over the womb, with the ends of the spread fingers over the pubes, and as the finger ends are turned to the pelvis you pass the hands upward over the womb, and then outward off the sides of the abdomen. You repeat this a half dozen times; then lay the hands flat on the pelvis over the womb, and rest them there a half minute, then with firm, energy in the fingers you gently draw the hands upward and outward off the body, and so continue until the uterus is contracted and all hemorrhage has stopped; for then there will be no after hemorrhage, if well done. No more "flowing" than is natural. While *doing* this, *think* muscular contraction and relief of suffering and pain.

We now prescribe the following, and feel that the victory has been great, and we return on the morrow to find it just so.

℞ Specific Echinacea .....gtts xx.
Specific Cimicifuga .....gtts x.
Aqua Pura .....half glass.

Stir, teaspoonful every two hours daily. We alternate with this

℞ Ferrum Phos., 1x.....grains v.
Kali Mur, 1x.....grains v.
Aqua Pura .....half glass.

Stir, taspoonful every two hours in alternation. We continue this treatment until all conditions no longer require it, then make such change as is indicated. The next day we irrigate the uterus with the following solution, and every day after that, if there is any septic odor, or the patient is nervous, or any indications that all is not well with her; and we will not

wait for a rise of temperature; nor for an offensive odor to present; but the very *least* evidence, we will, *immediately*

℞ Fluid Extract or Specific Echinacea.....ounce i.
Specific Tinct. Calendula .....drachms ii.
Three quarts quite warm water.

Mix, and thoroughly irrigate the uterus and vaginal canal, and pass the irrigating instrument well up into the uterus so as to make thorough work of the treatment. We do not fear flushing the tubes; we have never had trouble of the kind; we have done this for twenty years with the most gratifying results. If the condition demands this treatment the third day after delivery, we give it, if not, the next day, and then we give

℞ Specific Echinacea .....drams iv.
Specific Calendula .....drams i.
Kali Chlor .....drams vi.
Warm water .....quarts ii.

Mix, and use for uterine and vaginal irrigation. This treatment is a wonder worker in these conditions. Increase the echinacea and kali chlor, in the ratio of the septic tendency, and the results will be marvelous, as you doubtless know. The calendula is specifically indicated in all traumatic conditions, and is the remedy par excellence in these cases. Continue this local treatment every other day, or oftener, if indicated, until the patient is able to take care of herself; then she should take the vaginal douches with this preparation every day; each day gradually lowering the temperature of the water, as conditions improve and the lochia disappears. Woman, as you know, should never flow more than is possible to limit; for it is debilitating and prevents rapid and successful convalescence.

There is no known drug so specifically indicated as echinacea in all conditions of animal disintegration, and sepsis from decomposition of animal continuity. "The odor that comes with animal decomposition, is a positive evidence that kali chlor is indicated and should be used continuously until it disappears."

Heat and Vitality.—The vital temperament and the hotter the weather, the more essential this work be well done. Fleshy women and atmospheric heat; meat, cheese and eggs are the influences and conditions that promote septic processes of the most dangerous kind; and should be guarded and prevented; also in women who are weak, or relaxed from physical impairment.

We will never give cathartics to women in these conditions; we will have the nurse give them the internal bath and thoroughly empty the alimentary canal, every few days, and then we will give a gentle laxative and tonic, so that they will go smiling on their joyous way with their darlings in their keeping.

We will never forget that when giving the internal bath, the warm water after passed out the canal, should be followed by cold water, as much as can be taken, and then passed. This brings reaction in the exact

ratio of the temperature of the water, and thus overcomes a tendency to constipation, but the cold must not be used until the lochia changes to a pale color.

We will never fail to use the index finger, lubricated with vaseline, and pass it up through the sphincters ani, and force the bowel upward, and while in position, have the woman contract the sphincters while we withdraw the finger. This prevents hemorrhoids, aids convalescence and avoids weakness and trouble later. If right handed we will use the right hand, or index finger of that hand; if left, the left hand index finger, as these are positive forces and contract the tissues. Do this as soon as the secundines are removed and the toilet made.

Let us look at the woman two weeks after these things have been wisely and faithfully done. See how well and pleased she is and looks! The work pleases the woman and the physician, as well as the nurse. The woman's circulating medium is worth more than any advertisement in the public press, because she is a living, earnest, convincing power for good, or evil—and if evil, it is up to the physician to get a wiser power into his cranium castle.

We have now done the work skillfully, why not demand the price for it? People will willingly, as a rule, pay for skilled service. When they pay at all, they will soon become educated that it is worth money, to do such grand and excellent work. They will appreciate it. If they do not, perhaps they know not. Others will learn of our skill, employ us, and thus the jewel will shine.

Cases in Practice.—Hundreds of cases could be cited, but we must be content with a very few; for we have long since gone beyond the limit of time. Case A. The woman had been confined by fellow physician. Had hour-glass contraction of uterus. Part of placenta remained. It was in February. The snow spread its mantle over the earth, but the sun shone, though the air was cold. Sepsis had begun. Temperature was rising and all septic processes were at work. She had been confined five days when we were called. She was very weak and enervated. We placed her on the operating table, prepared the instruments, and covered them over. All was ready for business. We stepped by her side, and with one firm, positive look in her eyes, with the suggestion that you are sleepy, sleepy, sleep, we raised the skin on her hand and pushed the needle through, she went to rest, though her mind responded to continued suggestions as the work went on to a finish. We curetted the uterus; used a solution of the following:

℞ Specific Echinacea .....ounce i.
Kali Chlor .....ounce i.
Specific Calendula .....drachms iv.
Quite hot water .....one gallon.

Mix. Then used through the irrigating curette.

The uterus was large, pendulous, and very relaxed, and there had been

considerable hemorrhage prior to this time, and before I was called. The uterus was thoroughly curetted and cleared of all placental tissue. The rectum was explored and such work as removing hemorrhoids and papillæ were removed. Time, one-half hour. During that time we had her down in the park fishing, boat riding, gathering flowers in February, and having a royal time. She talked, expressed her delight at the pleasure she was having in the park. As the hemorrhage was still inclined to continue, we had the husband to put four gallons of pure cold water in the sitz bath tub, and when done, we slowly sat her down into this, left her there perhaps three seconds, lifted her to her bed, dried the body, and then dressed her in a clean gown. We suggested sleep, rest, and refreshing suggestions while we cleared things away, and instruments to place. We then suggested as follows: "You have had a delightful time in the park, and now have been sleeping half the day. You feel well; have no tenderness in any part of your body, you do not feel like you had had a child; you are all right and will not have any pain or soreness, and will recover quickly and be well afterward." It was so.

Case B.—A strong, muscular woman, reasonably fleshy. First child. Had been informed that she could be confined by suggestion, and then she would have no pain. That delighted her, as she did not know the process. Her mother had been informed by one of the old-line physicians of the pre-emption kind that "she could not be confined that way, and if she could, she would never be well and strong again." Others said, "You will have to go to a hospital before you will ever be well." The mother decided that it should not be done. The husband was excited and did not know what to do with his "mother-in-law," and asked me what should be done with her. I said let her have the rope. I will be the calf. She ordered the chloroform and it was brought. This was a time when I used forceps. I brought them. I sat by her side; I placed the light so it would shine in her eyes and mine, or so I could see her eyes, which is very important. The labor began as before suggested and on we went. No pain. Rest, relaxation, sleep, was the lovely way we went, and hard labor the work of the morning hours. When the tissues were all relaxed to a reasonable degree we began the work. She labored long, powerfully, and with a determination seldom equaled. I knew the child was large and that we would have to use the forceps was my conviction. It was realized. They were slipped on and locked, and as the lock was closed, she said vehemently, *"Doctor, take that pain."* I replied, "The pain has gone." It was so. After she had labored several hours and all tissues were completely dilated or relaxed and it was evident she could not deliver the child in the ordinary way, and I knew nothing more than the forceps, they were used for one hour and thirty-five minutes as powerfully as I could draw on them before the child was born. The child weighed ten pounds undressed. She was not lacerated in the least degree. She had but that one pain. I gave no anesthetic whatever. When delivered I suggested rest, relaxation and sleep. She slept until we had

cleared all things away, dressed her with a clean, neat gown, and she slept one hour, when I suggested to her that "you are resting well, had a long and peaceful sleep, you are strong and vigorous; you have no pain or tenderness; you do not feel as if you had a child." I then suggested that the child was somewhere and we must find it. She said, "The dear soul, I would like to see it." It was by her side, and she was then awakened by suggestions that she would wake rested and refreshed and would have no pain, and would soon be well and strong. The ninth day she seemed real well and was down town shopping.

I should say that in the first case the babe was suggested to be down in the park in the boat where we were fishing. She replied, "The dear little soul, I would like to see it." It was also by her side. Further, she had no further hemorrhage.

Case C.—This lady was the mother of three children and had not borne a child for ten years. It was a placenta previa, and a central one. She had had the grippe several weeks and became so badly weakened that I was called to treat the grippe. I was surprised to find that she was having hemorrhage from the uterus. On examination, digitally, I discovered that she had placenta previa. I said nothing but that they must send for me early if she seemed to have labor pains. I gave medicine for the hemorrhage, but could not control it permanently. She lived five miles in the country. It was cold and in midwinter. Five hours later I was called. I informed the husband that the child would be dead and the mother was in great danger. I began by suggestion, and she never had one pain. I gave nothing for pain except suggestions. I placed the forceps early and delivered the child very soon, as she was so relaxed from the long attack of grippe and from hemorrhage before I first came. The child was blanched and dead. The mother had no pulse at the wrists. The upper sash of the window by her bed was wide open and a sheet spread before it to prevent draft. The fire in the room kept warm, and the window kept wide open for seven hours before the pulse was perceptible at her wrists. Remedies were administered every ten minutes and gentle, bivalvular anal dilatation occasionally to stimulate the cerebellum and nervous system, and with them muscular contraction, while with these efforts we suggested, with all the power and positiveness, that she was improving every minute and would soon be strong and well again. But to accomplish this doubtful feat she was materially aided by the remarkable vitality of her husband, from whom she drew heavily every night, which depleted him, until he decided his "time had about come to an end and he must go." I knew better but did not tell him until she was well, then explained, but it was too late for him to retaliate. Four weeks later I repaired a perineal laceration for her, which had existed fifteen years, and was almost to the spincters ani, and this was done by the power of suggestion and without one pain. The stitches were removed, which had been of catgut and silk, the catgut absorbed, the silk removed, all by suggestion and without pain.

Four years later I delivered her of a fine, large son, and controlled her by suggestions and without forceps, which was a complete success, as "the mother and the son are doing well."

This is a power and an accomplishment that every physician should cultivate and in it become proficient, for he can do his work better, he will have a greater power for good in his professional work, enable him to heal more successfully by the combined forces of mind and material substance, enable the physician to calm and rest his often tired and troubled brain and thus his mind; it will give a prestige and power invaluable, and the women of hundreds of tongues will bless you and endorse you and your methods and your business.

Pain and suffering irritate the brain and nervous systems; irritation induces contraction of muscular fiber; contraction of muscular fiber prevents relaxation of muscular tissue and dilatation of the cervical and perineal orifices; therefore, lacerations are inevitable unless the child's head is small, the orifices naturally equal to its size, and the tissues not friable. To control pain by remedies, the natural tendency is to weaken and paralyze the nerve supply and power of the brain functions, which also tends to paralyze muscular tissue, and thus we have relaxation without the power of muscular co-ordination, muscular action, reaction and relaxation as well, and when we anesthetize we produce relaxation without response and also endanger the life of the child in the ratio of the amount or quantity of the drug used for this purpose, and under such treatment and conditions the convalescence is in the ratio of the quantity and effect of these drugs for relaxation, for it is a fact cognizant to every scrutinizing physician that the less of such treatment in obstetric work the better for woman and child, and the more successfully will she convalesce and regain her natural health and strength, and in the ratio that she does this will the child improve and also grow lustily and strong.

When women are controlled by suggestion, relaxation is a natural process, muscular action and reaction is performed naturally, and final dilatation is effected by the power of the mind of the woman through the power of mind of the operator on matter through the mind; and, when the work is done and the woman has a short sleep, she wakes by suggestions given and is a new woman, and really feels as though she had not gone through such a powerful ordeal, and her nervous system and muscular system are in a most desirable condition after child delivery, sometimes where the forceps must be used and life seems almost hazarded. Our highest ambition and brightest hope are that when we have our work on this great subject ready for the physician it will prove a real blessing to him and to the thousands of dear women who are the wives and mothers of ourselves and our children.

The absence of displacement in a fracture of the olecranon gives no promise of immunity from impaired function; callus formation may interfere with the joint action.—*American Journal of Surgery.*

THE TREATMENT OF RHEUMATISM.

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Even in this twentieth century the majority of the medical profession treat rheumatism as thought it were an entity, capable of exorcism, providing a sufficiently powerful drug can be found to back up the doctor in his efforts, and while doing this they chase it about or subdue it with lotions that keeps the patient or his friends busy and interested for six weeks or longer until it has run its course and subsides of its own accord, or else settles down into a chronic type that leaves the patient a cripple for months or years, and sometimes for life.

Rheumatism is not in itself a disease, but the manifestation of a diseased condition whose principal seat is the nerves; consequently, to treat it successfully the excretory and trophic nerves must be stimulated to normal action by the means of gentle medicines that assist, but do not force their action. You can assist nature with mild remedies, but you can not drive her to your will with the most powerful. With the trophic and excretory nerves working in a normal and healthy manner, there can be no rheumatism, because all the waste will be properly eliminated and the ingested material will be used to build up tissue instead of to make waste that lumbers up the tissues with poisonous products that should be excreted.

Some may think that my nervous origin for rheumatism is rather far-fetched, but we all know that it is the nerves that select the nutrient particles from the blood stream, and it is also the nerves that deliver up the waste particles that are to be excreted from the body, and when these nerves in any part of the body fail to do their work as they should there is trouble, then the sentient nerves remind the patient that the vegetative nerves about some joint or joints, or some muscle or set of muscles, are not doing their work properly, so he calls in the doctor and finds out that it is rheumatism, and then the doctor goes after it with his coal-tar battering ram, his howitzer of salicylates, his broadside of calomel and salts, liniments and phylacogens, while the misery and the rheumatism march bravely on for days and weeks and months until the patient or the rheumatism finally succumb.

In a practice of almost twenty years, I have met with no class of diseases that have yielded so nicely and been so satisfactory to treat as has the so-called rheumatism in its various types and multitudinous forms. My patients have neither been puked nor purged, nor laved with liniments, but have been treated with mild Eclectic medicines administered by mouth, with electricity and baths as indicated where they could be given, always balancing the acid or alkaline humors of the blood according to the indicated remedy as shown on the mucous membrane of the tongue and mouth.

There is no cure for rheumatism, but the conditions that give rise to it may be removed, and the patient cured, by administering the proper remedy that will assist nature in restoring the normal action of the trophic and excretory nerves. No two patients are the same. Every case is *sui generis* and the remedy must be selected according to the symptoms presenting,

and principally the subjective ones; then with the objective symptoms as understood by the student schooled in specific diagnosis, or the Homeopath schooled in *similia,* the remedy can be diagnosed, or selected if you prefer, and the patient cured. It is seldom that a single remedy will effect a cure, but by noting symptoms and changing the medicines to meet them, when the other has ceased to act, your patient will be so speedily cured that you will very soon be out of a job in that particular case.

Aconite, jaborandi, veratrum viride and ferrum phos. 3 x, are the fever remedies. Sulphite soda, bicarbonate soda, magnesia and bicarbonate potassium are the chief alkalies. Muriatic, nitric, citric and tartaric acids are the chief acids. Bryonia is worse on motion and may have hot, red and swollen joints. Rhus tox is worse when first moving, but limbers up after a few moments. Macrotys affects the muscles of chest, back, hips and thighs, while caulophyllum affects the small joints of wrists, fingers and feet. Sticta has a stiff neck and runs down the back and into the shoulders. The left trapezius muscle in the neck will yield to bryonia, and the right to phytolacca, while the right deltoid will yield to sanguinaria or phytolacca, but the left will give up to ferrum phos. or some other form of iron. Scutellaria medicine has excruciating pains all over the body, with stiff and swollen joints, which are painful on motion. It seems to combine the symptoms of bryonia, macrotys and caulophyllum. Phosphorus will cure chronic rheumatism where the muscles and joints are more contracted and stiff than sore, and it is wasting your time to give any other remedy.

I use the usual small or medium dose as recommended on the Lloyd label, and have no use for the so-called diuretics and cathartics and liniments so commonly used, nor for any coal tar remedy, salicylate, phylacogen, nor other infernal nepenthe. I often suggest a change of diet and recommend olive oil in almost every case.

ACIDOSIS.

J. A. Munk, M.D., Los Angeles, Cal.

Acidosis is a word of recent origin but the condition it describes is as old as man. The fluids of the body are normally neutral in reaction, but there is a constant tendency towards acidity. Various processes of fermentation and decomposition that create acids are liable to occur at any time in the body. Such a condition can not be always wholly avoided, but, if discovered, should be controlled and prevented from reaching a harmful extreme.

The greatest danger from this source comes from indigestion. A small amount of hydrochloric acid is a natural ingredient of the gastric juice and is a necessary factor of digestion. Whenever this or any other acid is present in excess it becomes a disturbing element and causes some degree of discomfort. Usually nature is able to correct such an abnormality by preventing or neutralizing any hyperacidity; but when this is not done the unnatural production of acid continues indefinitely until the entire system

becomes saturated and affects every organic function. When this stage of the disease develops the symptoms are those of anemia with pale skin, cold extremities and pallid mucous membranes, but the most distinct and positive sign of acidosis is a white-coated tongue.

Acidosis arises from some perverted action within the body that may be increased or aggravated by an acid diet. There are times when all acids must be excluded from the diet, and acid-producing agents, like starch and sugar, used with great caution. Eating too much fruit is a frequent cause of acidosis, as all kinds of fruit contain more or less acid. The more sour the fruit the more harmful it is, and citrus fruit is the most harmful of all. Fruit eating is a common practice that is either healthful or harmful according to circumstances. Certain extremists advocate eating fruit at all times and claim that it can not possibly do any harm. Such teaching is a serious mistake, as is easily proven when it is followed.

The above statement applies generally to the subject, but also has its special significance. A fruit diet is best suited to a hot country and is improper in cold weather. Acids tend to cool the blood, and, when taken in excess, create an unpleasant sensation of chilliness. A mildly acid drink makes a cooling summer beverage that quenches thirst and is agreeably refreshing. During hot weather there is apt to be a craving for such drink as well as for fruit, but in cold weather it is not desired nor desirable. A moderate use of acid is proper in summer but improper in winter, and is more beneficial in a hot than in a cold climate.

This difference is, perhaps, more noticeable in California than elsewhere, because of its diversity of climate. Being a land of abundant fruits, the temptation is constantly to over-indulge in fruit. Tourists are particularly liable to fall into this habit and suffer most from its evil effects. People who have lived in California for a number of years have learned their lesson from experience and eat fruit cautiously and sparingly. California is considered a hot country, and so it is in spots on the desert, but on the coast, where most of the people live, the climate is more cold than hot. The nights are always cold, and much of the time there is an uncomfortable chilliness in the air that sensitive people feel and which is increased by eating much fruit. The tardy ripening of fruit is proof that the weather is cold, as crops of all kinds ripen from one month to six weeks later on the coast than they do on the desert or in the warm valleys of the interior. The reason for this difference in temperature is due to the Pacific ocean, which varies in temperature only eight degrees Fahrenheit during the year. The presence of this vast body of water and the daily cool sea breeze, accounts for the steady cool climate of the Pacific coast. Everything in life, even the temperature, is relative, and the atmosphere feels either cold or hot by contrast with the outside weather, making the winter seem warm and the summer cool.

All fruit in its green state is naturally sour, and only sweetens as it becomes ripe and mellow. The cool climate of California causes the fruit to ripen slowly, and much of it is gathered when it is only half ripe and is

sent to market in that condition, when it does not ripen as it should. Only fruit that is permitted to remain on the tree unil it becomes fully ripe can ever reach perfection. It is during the mellowing process that fruit acquires its sweetness and delicate flavor. Such fruit picked and eaten from the tree can never be equalled by the half ripe market variety. Particularly is this true of berries, and the fruits that contain pits, like the peach, plum and apricot are not fit to eat until they are mushy ripe before being picked from the tree. Some other fruits that have seeds, like the apple and pear, require more time to mature and become mellow after being picked and stored.

Anyone who knows the difference between green and ripe fruit finds little satisfaction in the kind that is found on the market. The citizen who loves good fruit has a plot of ground where he grows his own fruit, "sits under his own vine and fig tree," and eats the perfect apples of Hesperides and drinks the ambrosial nectar of the gods.

DISCUSSION.

DR. LAMBERT, Illinois: Does fruit picked green make acidosis more certainly than that that ripens on the tree?

DR. DUREN: What is the urinalysis in acidosis?

DR. MUNK: Acid.

DR. DUREN: I had thought otherwise, and if I am wrong I am glad to know it. I thought that citrus fruits, when they did not agree with a patient, caused an alkaline urine.

DR. BAIRD: I have found one great difficulty in any trouble with the secretions is that people do not drink enough water. I had a lady patient who could not drink water because it soured on her stomach. I had her eat two apples at bedtime and drink two quarts of water daily.

DR. COOPER, Texas: I have made quite a study of this question of acidosis, and, testing it on myself, I produced an alkaline urine by eating lemons.

OVARITIS.

LEE STROUSE, M.D., COVINGTON, KY.

The ovaries are the organs of generation in the female, furnishing an egg or germ, capable of being developd into a new being. The eggs are produced in the interior of the ovary, which is situated in a mass of connective tissue, in the abdominal cavity, on either side, close to the pelvic bones. Physiology teaches that these eggs are always present, even before birth. These eggs gradually develop, until the age of puberty, when successive crops ripen and are discharged. The ripening and discharging of the ripened eggs take place in some females with great regularity, while others with much irregularity. In my practice I knew a maiden lady, who informed me that for years she had not missed, twenty minutes from two o'clock P. M., every four weeks on Saturday afternoons. I find that others are regular every thirty days, or even longer, and others come short of the allotted twenty-eight days, one having as good health as the other. The act of ovulation has to be performed by nature, and it takes its own good time

to bring about this condition. The stoppage of this function is what gets one into trouble.

Many are the causes and circumstances which check or interfere with this function in one's life. When once interfered with it becomes a source of annoyance. I believe that one of the chief causes is brought about by an improper action or failure on the part of nature. I am not going to enumerate the causes, or even try to, for there are a multiplicity of them; but suffice it to say they do cause them. A burning pain in the region of the ovary, recurring every month, remaining the same for a time, or increasing in severity and intensity as the periods roll by, and occasionally putting the patient in bed for a few days and the trouble will subside, only to recur with the same or greater intensity at the succeeding periods. Sometimes abscesses form and go on to suppuration, ripening and bursting of their own accord, or having to be lanced.

One of the causes for a suppurating abscess in this region, or, I might say, of the ovary, is as follows: The chief cause and the one that is uppermost in my mind, is a condition that follows the menstrual period, in which I think that the fimbriated end of the Fallopian tube fails to grasp the orifice of the ovary as it should do at the time the egg or ovum is discharged. By this failure the ovum or egg, and its small amount of serum or fluid that passes with the ovum on its downward course, instead of getting into the proper channels is dropped into the abdominal cavity. Now, this being deposited on the serous membranes, acts as an irritant, starting an irritation and inflammation, and this being out of its proper channel and no way of exit, it must in turn decay and be absorbed by the system and carried away, but not until after it has caused a certain amount of pain, irritation and inflammation. A number of repetitions soon cause a thickening of the serous membranes at this point until they can be felt through the abdominal walls, if the afflicted be not too fleshy. Month after month this condition exists until nature rebels and the patient becomes a fit subject for the surgeon to look after. Nothing but an operation will cure these cases. A complete extirpation of the ovary will put a stop to this misery.

As I said above, many things can and do cause ovaritis, and many of the causes could well be obviated. Many physicians say, and surgeons assert, that one of the main or chief causes is the habitual act of using, or doing something, either with medicines or instruments, to bring on the monthly flow. In my opinion, this last has the least to do with causing these and many similar complaints in the pelvic region. I have a case on hand at the present time, that, in my opinion, the whole womb has developed into a carcinoma. About a month ago an abscess developed involving the left ovary; it took about a week to form, and opened of its own accord into the bowel, discharging a pint of very offensive pus. In this case pressure of the carcinomatous mass upon the ovary and broad ligament, occluded the passage-way and the abscess formed.

Treatment in This Case.—Plenty of hot water douches and internally Howe's viburnum cordial, some veratrum and echafolta was pushed to clear up the septic condition and bring down the fever.

Physiologists say that menstruation depends upon ovulation. It is also stated that many ovum pass at each menstrual period. In case of so much pain after flow, I believe that only a part of this number passes out and the remainder fall overboard into the abdominal cavity, setting up the irritations above mentioned. Opiates should not be used, as they check secretions, the very thing that is not desired, and will give at least a little relief, if allowed. Medicines will do but little good; those that will bring about absorption are to be used. After sufficient attacks that the physician is satisfied that there is an occluded tube, or that there is a disarrangement from the natural position of both tube and ovary, then the case should be referred to a competent surgeon for extirpation of either, or both, the ovary and broad ligament. The main point I claim in this paper is the continual spilling of ovarian secretions into the serous membranes caused by an occluded or disarranged tube, allowing no free escape of pent-up materials.

PYOSALPINX.

H. H. Helbing, M.D., St. Louis, Mo.

It is unnecessary for me to take up your valuable time in giving you a detailed description of this disease and its causes, but what we wish to know, it seems to me, is a brief survey of some cases that will aid us in the diagnosis, prognosis and treatment. This I will attempt to give you with the hope that you will add to my description some cases of your own that I may derive some benefit from the discussion.

In the diagnosis of this wrong, I have many times become confused with the conditions which I found, not knowing whether the growth was a fibroid or a pyosalpinx. In an old chronic case a portion of the wall at least is thick, it has prolapsed and lies against the uterine body, the tenderness is but little, if any, greater than a fibroid, there is an absence of fever, at times, if not most of the time; we are apt to have menorrhagia and in many ways it simulates a fibroid.

There is one thing characteristic, however, of a fibroid, and that is the personal history differs, in that the patient may not be such an invalid with a fibroid. While there may be exacerbations they are not so painful in a fibroid. The patient is apt to be older, too, in a case of fibroid. In a pus tube, following an acute inflammation, the symptoms are much different than those of the old chronic type, so that we do not have great difficulty in clearing up the diagnosis.

There was a case of pyosalpinx of globular form that simulated an ovarian cyst that was reported in the American Journal of Obstetrics a year or more since, which indicates that this wrong in its chronicity becomes so different from what we would naturally expect that we might mistake it for a cyst. Dr. H. J. Boldt, a well-known gynecologist, reported this case.

Showing the freedom of the patient from severe symptoms, he said that she had consulted her family physician only six days previous to her being brought to him. She was suffering with peritonitis and severe pain, which was thought to be due to a twisted pedicle and the growth was thought to be an ovarian cyst. Upon opening the abdomen the true condition was found, that of globular pyosalpinx. However, there was found a twist in the tube at its attachment to the uterine cornua.

I made a mistake in two or three cases of pyosalpinx in diagnosing them fibroid, since which time I have been more cautious and careful in the examination of such cases.

Gynecologists differ in the prognosis of these cases as regards the probability of rupture. Lamoroux, in discussing this subject in the Journal of Obstetrics, says: "The pus generally collects slowly, the walls meanwhile becoming thickened and sclerotic. They may be stretched almost indefinitely, but if they are pulled upon, as happens after confinement, by the contraction and involution of the uterus, they are very frequently torn, the result being a sudden attack of generalized peritonitis, which is rapidly fatal. Lawson Tait said that 50 per cent. of women who have salpingitis are menaced with sudden death from peritonitis on account of sexual excesses, fatigue and sudden efforts. Out of eighty-seven observations collected by the author, forty-seven were operated on by laparotomy, of whom twenty-seven were cured. All the patients treated without operation died. The pulling down of the uterus during gynecological treatment or operation may cause rupture. After labor rupture occurs, but rarely during pregnancy or labor. The tubal rupture occurs on the peritoneal surface of the tube; sometimes it is a fissure, at others the perforation is very small; again, it may be irregular, as if a slough has formed. The important consideration is the alteration in the wall of the tube. It may be ulcerated or a small abscess may form in the wall. A tube with chronic infection, which has been increasing slowly in size, may become suddenly actually infected and rapidly become distended. Labor may awaken a salpingitis that has been quiescent. Massage of the uterus or abdomen is dangerous in such cases. The symptoms are those of a sudden general peritonitis; pain, vomiting, profound intoxication and early death if operation is not performed."

Of the many cases that I have had during the past year, two, I think, are out of the ordinary and are worthy of notice.

Mrs. L., brought to me by Dr. Love, of Nevada, Mo., has been a sufferer for three years or longer. She complains of pain in the right as well as the left iliac region, but the pain on the left side is the worse. Bimanual palpation reveals a tumor mass adjacent to the uterus on the right side. The cervix is apparently pushed to the left. Suspected abscess of the tube of the right side with possible affection of the left ovary and tube.

Upon opening the abdomen we found a mass on the right side, the pus sack being about three inches in diameter and buried in a mass of adhesions. We attempted to separate the adhesions with our fingers, but found them

too firm. We clamped the tube adjacent to the uterine cornua, and was then enabled to peel the sack loose from the uterine body. Separating the intestinal adhesions was more difficult, and in many places necessitated leaving small portions of the peritoneal surface of the sack wall in order to prevent tearing through the intestinal wall. During the enucleation, the sack wall ruptured and the contents spilled into the peritoneal cavity. The upper abdominal cavity had previously been walled off with sponges, so as to prevent general infection.

After cleaning out this side we found a smaller abscess of the right tube and ovary which had prolapsed and lay adjacent to the uterine cervix. This was removed with difficulty, after which the uterus was entirely free and movable although the entire surface was denuded. Fearing a prolapse of the organ followed by adhesions, I stitched the uterine fundus to the parietal peritoneum after the manner of the Kelley suspension.

The intestines seemed adhered together so that the upper abdominal cavity seemed walled off from the lower. We placed a rubber drain in the abdomen, closing the wound in the usual manner, leaving it in for three days at which time the temperature reached normal and remained so.

The second patient was one brought to me by Dr. Westbrook. She was about twenty-five years of age and married. She has suffered for two years with pain in the pelvis. Our diagnosis was pus tubes and upon opening the abdomen we found much the same condition that existed in the first case.

The larger pus tube originated on the right side, and had pushed the uterus to the left so that it now occupied nearly the center of the pelvis. After enucleating this pus tube as well as the smaller one of the left side we fastened up the uterus in a different manner than we did with the other case. This time we attached the round ligaments to the denuded surface of the uterine fundus on either side which held it up in the normal position.

A small portion of ovarian tissue which was found healthy was left. The most interesting and unusual thing occurred now. My operating assistant, as we were cleaning out the pelvic cavity preparatory to closing, called my attention to a vessel or tube lying down in the bottom of the sacral fossa and before I could examine it carefully, had, by picking at it with a mouth tooth forceps, punctured it and immediately revealed its identity as urine trickled from it.

The right ureter had enlarged to at least a quarter of an inch in diameter and he had punctured it near the uterine cervix. With No. 00 chromic gut I closed the opening with a Lembert suture and reinforced the repair by bringing that side of the ureter up in contact with the posterior cervical surface.

As a precautionary measure I inserted two rubber drains, one down to the point where the ureter had been repaired and the other to the left side of the pelvic cavity. The left one was removed in two days. There

was some seepage of urine from the right one so it was left in nine days. We kept the bladder siphoned for a week or until irritation of the bladder became so severe that the patient could not stand it longer. There was a slight seepage of urine from the wound for about five days after the tube was removed, or two weeks from the date of the operation. About two or three months subsequent to the operation the patient reported herself enjoying the best of health.

MISCARRIAGE AND ITS TREATMENT.

M. M. Harvill, M.D., Nashville, Tenn.

Miscarriage or abortion is the expulsion of the non-viable fetus, which usually occurs at some period after the time of conception and prior to the seventh month. Abortion may be spontaneous, accidental or designed. In former days the first named causes were by far the most prevailing, but now, and especially in the great populous centers, a far greater percentage of the miscarriages are criminally designed. It is seldom that I am called to treat a miscarriage of a purely accidental cause, and more seldom am I called to treat a case where all the circumstances and previous history justify a diagnosis of spontaneous miscarriage. I am positive after many years of experience in a city practice that the great majority of miscarriages are caused and can be traced to some kind of criminal procedure, either self-inflicted or to some one of the many professional abortionists who infest almost every hamlet in the land.

It is unnecessary to enter into a detailed relation of these causes as they can seldom be obviated by the practitioner, whose principal efforts will be to prevent and to lessen the dangers incident thereto. Abortions from habit, some authors tell us, are mainly caused from excessive sexual indulgence and estimate such causes at about 50 per cent. This can account for some of the miscarriages among the newly married, as well as some at any period of married life.

The symptoms of abortion are very much modified by the causes that produce it and the period at which it occurs. If it happens at the beginning of pregnancy the symptoms are usually mild and can hardly be distinguished from a painful menstruation, and the ovum which passes away with more or less blood is often mistaken for a clot. In advanced pregnancy when the progress of abortion is slow, the patient becomes cross and irritable, with loss of appetite, nausea, puffiness of eyelids, livid, mental depression, intermittent pains in the back, weight about the vulva, frequent desire to urinate or defecate and the breasts become flabby. The pains become more frequent and forceful, extending over the abdomen and towards the coccyx, gradually assuming the character of uterine contractions. The appearance of sanious or bloody discharges and the progressive dilatation of the os uteri, followed by rupture of the sack and escape of the liquor amnii foretells of the early expulsion of the fetus. All of these symptoms with the exception of the ruptured membrane may occur

in pregnancy without any subsequent abortion. Therefore the practitioner should be guarded in his diagnosis, unless he is positive that the fetus is dead. Occasionally we will have a miscarriage with but few of the above symptoms. There is such a resemblance of character between dysmenorrhea and abortion that it behooves the physician to be very cautious in making a positive diagnosis. In doing this, the previous history and circumstances should be well ascertained.

The prognosis of abortion varies according to the cause and the period in which it occurs. There is less danger immediately following abortion than at full term. A few deaths occur at the time of the accident, but the bad effects are usually at some remote period, such as diseases of the uterus and its appendages of a chronic nature. Death of the fetus must inevitably take place, being expelled at a non-viable period. On account of the undilatable condition of the cervix and the size of the ovum there is more danger after the second month of pregnancy. We may also add that at this stage there is more danger from hemorrhage. If there is profuse hemorrhage, the expulsion of the fetus will almost surely follow. But I have in mind one case where the patient had violent hemorrhage once each month during the entire stage of gestation and at full term had a normal labor and a healthy child. If the miscarriage is caused from constitutional, accidental or mechanical means it is more alarming, in its results than when due to the uterine or ovuline causes. It is very apt to prove fatal when caused from some of the eruptive fevers, pneumonia, etc. Sepic fever following a retained placenta is one of the great dangers, and the placenta should always be removed after a reasonable length of time.

The treatment will vary according to conditions. The first thing is to prevent the abortion, if possible and if this can not be done, assist in the expulsion, and lessen subsequent dangers. Threatened abortion will often be controlled by four or five grain doses of the compound powdered ipecac and opium, given at intervals of three to five hours according to the extremity of the case, and I want to say right here that with the proper use of this remedy there is nothing which brings more happy results. To get results from anything we must have the co-operation of the patient. She must remain quietly in a cool, hard bed with pleasant and most assuring surroundings.

The hemorhage can often be controlled by tincture cinnamon, carbo. veg, gallic acid, etc. I often incorporate the carbo-veg with the Dover's powder which acts nicely in many cases. The viburnum prunifolium, one or two drams to four ounces of water, teaspoonful every hour, acts well to check abortions, when used in the milder cases.

When every effort has been made to check the miscarriage and the uterine contents are expelled in spite of all that can be done, it is best to assist in a judicious way in an absolutely clean delivery.

If the secundines do not all pass, sometimes sulphate of quinine, three grains, every three hours internally, tamponing the vagina thoroughly, will often do all that can be desired. However, if this should fail do not

hesitate to clean out the womb with warm or hot sterile water or what is better, add to the quart of water about two drams of equal parts of carbolic acid and glycerine.

With the patient thoroughly cleansed and placed comfortably in a good clean bed, and with good after-nursing she will seldom need more than a sterile douche once or twice a day with ferrum phos. and echinacea administered in the usual way.

A STUDY OF COLOCYNTH AND DIOSCOREA IN SIMPLE INTESTINAL COLIC.

M. F. Bettencourt, M.D., Mart, Texas.

Simple intestinal colic is indeed a simple thing, yet how unscientifically it is often treated. How seldom a clinical distinction is made between its varieties. Unfortunately, the fact that it is simple often seems to preclude the necessity for thought.

We have many remedies useful in colic. To employ them scientifically, however, we must use them "specifically," and to use them "specifically" we must be able to recognize nature's signal-calls for each. The fact that a hypnotic-anodyne will induce sleep and temporary relief from pain should never lead the prescriber to the indiscriminate use of the "epidemic" needle.

Out of the several remedies at our command for the treatment of this wrong we shall, for the sake of a study by comparison, limit our discussion to two only—colocynth and dioscorea. We have in these drugs two remarkable remedies for simple intestinal colic when not due to an overloaded prima via. I say remarkable, because when used intelligently—in other words, specifically or scientifically—they are harmless in effect, rapid in action and powerfully potent in assisting nature in righting the wrong.

In regard to colocynth we read in a late revised edition of a leading allopathic work on materia medica and therapeutics, the following statement: "It occasions considerable griping pain, but the amount of colic does not seem to be entirely dependent upon the quantity taken, as even small doses may be followed by much discomfort if the drug be given alone." This unquestionably is the fact if the drug be given for its cathartic effect or without regard for its specific indications. To accomplish its work, each remedy must be administered because it is specifically indicated and not because some one has pronounced it "good for colic." Colocynth would not gripe as stated above if it were given according to the dictates of specific medication. It certainly will not, it can not, relieve the colic in a dioscorea case and is almost sure to aggravate it. Colocynth is applicable to the colocynth case and to no other.

If we will study the drug closely we shall find that it is a stimulant to the muscular coat of the intestinal tract. As a consequence we find that the colic case which it benefits is a complete picture of relaxation. We notice that the tongue is usually pale and broad; that the abdomen is

flat, relaxed; that the pain (usually in the lower abdomen) possesses an agonizing, sickening sharpness; that it is not continuous but, rather, is intermittent in character, lasting for a minute or so and then easing off completely. When it strikes the patient he instinctively presses his relaxed anatomy together. If sitting he flexes the forearms across the abdomen, bends forward upon his knees and thus makes steady pressure upon the abdominal wall as long as the paroxysm lasts. If he is in bed he usually lies on the side, flexes the knees and makes pressure as above described.

The quickness with which colocynth will relieve this case—if not due to overloaded intestines—is little short of miraculous. It will succeed when morphine fails; it will give more rapid relief and its effect is lasting.

The dose must be small.—One-tenth of a drop of the specific medicine given at ten-minute intervals will give ease in half an hour. To children and infants even a smaller dose is preferable. The large dose will usually disappoint.

The dioscorea case we find to be almost the direct opposite of that calling for colocynth. Instead of relaxation we here find a condition of hypertension. The tongue most likely will indicate irritation; the abdomen as a rule is tympanitic; and pressure, even if slight, increases the pain. He, therefore, avoids all pressure upon the abdominal wall, and while the knees are apt to be flexed it is because of a desire to relieve abdominal tension. The pain is of a remittent type—marked by aggravations but never entirely gone.

Dioscorea induces a relaxation of the involuntary muscular tissue of the abdominal organs and thereby relieves the condition which gives rise to the pain.

For acute pain it should be given often and always in *hot* water. Five drops or so given at intervals of ten minutes in a swallow of hot water will usually accomplish the work readily. If given in cold water for the relief of *acute* pain it will usually disappoint. Cold water promotes muscular contraction, hot water promotes muscular relaxation. In this case we want relaxation, not contraction, hence a reason for giving it in hot water. When given for the colic of peritonitis it will not be imperative to give it in hot water because relief will not be obtained in a short time and it will not be given so often.

There are many more valuable uses for these drugs, for dioscorea especially. The object of this discussion, however, has been only to stimulate a study of all drugs specifically—scientifically—a thing which may be most advantageously done by a comparison of their specific adaptability to disease conditions. There are cases of colic which neither of these remedies will overcome and other remedies will then be called into action, each according to its indications.

As a final word we would like to state that we seriously regret that so large a proportion of the literature appearing in our journals of late savors so exclusively of allopathy—of indefiniteness in drug study. It is difficult

to see why Eclectics should wander away. It is a pitiable sight to see the blind satisfied to follow the blind, but to behold one who sees select the blind for his leader is a sight far more pitiable. Anyone who will reason may easily prove to his own satisfaction that specific medication is scientific medication. Let us then remember the fact and in all our acts endeavor to exercise reason, for reason we find to be the entrance-way to science. If we eliminate reason from our acts it will be only the result of chance if they are performed scientifically. Facts are the building stones for thoughts; upon thoughts is founded reason, hence the absolute necessity to think.

The average Eclectic usually is more than ordinarily successful in the treatment of disease because he is continually observant in the little things, the accuracies, that are for success, and because he is ever striving to be scientific in his selection of remedies for conditions apparently the same. This is science in medicine—the result of observation, thought and reason. If no other motive were at hand, the one fact that to practice specific medication intelligently one must think and reason should be cause sufficient to make every one of us remain forever faithful to his creed. We unquestionably have a reason for the faith that is in us. If we change from that faith, may we first think, and with our thinking may we also reason.

DISCUSSION.

DR. FRIEDMAN: People ask me, "What about three months' colic?" and I answer, "Your baby will rest to-night if you follow my instructions. I give three drops of colocynth and a half drachm of dioscorea in a two-ounce mixture. This is a fine thing and relieves the trouble very quickly.

DR. LINDLEY: I gave one teaspoon of dioscorea in hot water with fine results.

DR. DOWNS: In appendicitis I use dioscorea.

DR. WILMETH: I have had a number of patients who have taken dioscorea for menstrual pains. One-half drachm with pulsatilla and macrotys—four-ounce solution taken four times a day for the week before, and every two hours on the expected day. This is very satisfactory.

DR. HELBING: I also use magnesia phosphate in colic cases—three or four tablets in hot water. It will not help every case, but it will when I am sure of the indication.

ANTISPASMODIC PROPERTY OF LOBELIA.

C. WOODWARD, M.D., CHICAGO, ILL.

Lobelia is recognized by Eclectics as one of their most efficacious remedies, and of its many properties its power as an anti-spasmodic predominates over all the others. In order to understand how it exerts this wonderful influence, it would be well to recognize some physiological and pathological actions of the system. Every phenomena or function is performed by normal reflexes and that they are of such an involuntary nature as to produce no perceptible sensation on the nervous system. That the brain is an electrical register, through the five senses, of every pathological impression and that it responds to the abnormal reflexes in the following

manner: First, a reflex irritation of the mucosa is answered by a determination of mucus, contraction and pain; an irritation from injury, sprain, pressure, strain or growth is recognized by a determination of blood, contraction and pain; a continuous local, central or peripheral irritation is answered locally, or at some remote part of the body by spasmodic contractions of a few fibers or whole muscles, resulting in pain, impingement of nerves and degeneration of some organ or tissues. It matters little whether the system is affected with an acute infection, autotoxin, or by the destruction of some organ, the predominating symptom is abnormal reflex contraction, a condition in which lobelia controls better than any other remedy in the materia medica.

In diphtheria and other infectious diseases, the contraction of tissues is so powerful as to suspend absorption, subcutaneous injections of lobelia, controls contractions, releases pent-up toxins, restores absorption, induces diaphoresis and elimination. The important symptoms in peritonitis from infection or following operations are contraction, infection and inflammation, and it's a wonder why so many of these cases prove fatal when repeated injections of lobelia would have controlled contraction, infection, improve the circulation and elimination. Whenever four to six ounces of specific lobelia is added to six quarts of boiling water, and a sheet folded sixteen inches wide and wrung out, wrapped around the abdomen, anteriorly left open for applying a few half ounces of the hot solution every few minutes, will soon control these conditions. With absorption suspended, irrigating the abdominal with the normal salt solution exerts no antiseptic influence for controlling infection or inflammation equal to the external application of lobelia. The contraction and pain that accompanies metritis are easily controlled by the folded sheet and hot lobelia applications every few minutes.

Before lobelia became popular as a subcutaneous medication, the sheet and hot application around the abdomen was a specific treatment for controlling intractable emesis from antiperistalsis. A woman swallowed two peach stones, and in twenty-four hours suffered intense pain at the ileocecal; two practitioners suggested an operation, but the hot applications of specific lobelia for twenty hours caused their evacuation. Ligamentous sprains and strains are attended with contraction, swelling and pain that morphine is of little benefit; but when wrapped, for fifteen hours, in a hot solution of lobelia and salicylate of sodium, relief is obtained in a half hour, resulting in rapid restoration.

Some find it difficult to differentiate angina pectoris and closure of the pylorus. In the former, there are paroxysmal thoracic pain, suffocation and syncope, due to vasomotor spasm. In the latter, there is more or less dyspnea, waist constriction, heavy sensation in the stomach, dull pain in the back opposite the pylorus and nervous pulsation of the heart. On an empty stomach ten drops of specific lobelia in a little warm water will relieve in eight minutes; it requires two or three doses if closure occurs after meals.

Hundreds of patients do not like hypodermic medication of lobelia when they can be relieved by oral administration in a reasonable time.

While the subcutaneous medication of lobelia possesses the power of relaxing contractions, overcome infection and restore absorption it has not subdued inflammation and given permanent relief to injuries of the extremities equal to its hot applications.

AMENORRHEA.

Rosa B. Gates, M.D., Waco, Texas.

Having been assigned the subject of amenorrhea, I will speak only of its treatment.

In cases of systemic anemia I attempt to bring the general health as near normal as possible by proper foods and right living and some ferruginous tonic, as Howe's Acid. Solu. Iron, it being a favorite remedy, given daily in five or six drop doses every four hours. When there is a nervous manifestation specific medicine pulsatilla, macrotys and Lloyd's leontin have given me good service. Where there is vasomotor disturbance of the pelvic organs, not enough blood into the blood vessels of the pelvic viscera, there is nothing to my knowledge that takes the place of the galvanic current, using the negative pole internally and the positive over the abdomen. Two or three treatments weekly of ten minutes' duration will give surprising results.

UTERINE DISPLACEMENTS.

O. A. Hyde, M.D., Queens, N. Y.

To understand this subject it is necessary to at first consider the normal position of the uterus in the pelvis.

First, that the uterus is normally anteverted, the os pointing to the last sacral bone while the axis of the uterus also presents at the internal os a flexion of from 70 to 100 degrees anteriorly. It may be lying to either side to a greater or less extent, the bladder placed in front, the rectum behind, the bladder forcing it backwards even to the degree of retroversion when greatly distended; the rectum loaded with feces, on the other hand, producing a decided anteversion when the bladder is empty.

The body, rather more than the cervix, is movable to conform to the movement just referred to, as well as to those of pregnancy, these movements being limited by the ligaments that preserve its position in the pelvis, assisted by the adipose tissue of the pelvic cavity, the so-called "retentive power," or force of the abdominal cavity, and the muscles of the pelvic floor.

These forces especially limit its descent or prolapse. Anteversion, the normal position of the uterus, only requires treatment when it is excessive, and may usually be accomplished by medical means and tamponades.

Retroversion follows most frequently child birth, and the organ is held

in this position largely by the pressure of the intestines on the anterior surface of the uterine body, which is now larger and heavier than before pregnancy.

One of its most disturbing symptoms is constipation produced by the pressure of the fundus on the rectum, which condition congests the pelvic viscera, adding much to the general abdominal discomfort. For anteflexion, that of the body on cervix, the treatment may be effective by thorough dilatation, followed by curettage and confinement in bed for several weeks. Some operators swab the cavity with carbolic acid, 95 per cent., or use some other antiseptic. Where the cervix is bent on the uterus, the accompanying cervical hypertrophy may require amputation, although this is probably rarely necessary, the treatment for the former condition sufficing. When the lateral version is excessive, a section of the lateral ligament may be required, but very rarely.

Retroversion has many degrees, and, in extreme displacement, the fundus lies posteriorly, even below the level of the os, which, pointing forward, rests against the bladder, this position disturbing circulation and interfering with drainage. Here we find constant symptoms of backache in the lumbar and sacral regions, the pain radiating down the thighs giving a weakness of the limbs and difficulty in walking. Coronal or occipital headache is also common. By the pressure of the fundus on the rectum constipation usually follows, menstruation is painful, and other reflex disturbances occur.

Various conditions may render manual replacement impracticable. Inflammatory states of the parts may be treated by rest, laxatives, hot vaginal douches, hip baths, medicated tampons, as those of ichthyol and glycerine. For the adhesions, we may attempt to remove them by pelvic massage, but not to the extent of Shulze method, which may produce rupture of vessels and internal hemorrhage. It is in these cases that tamponing is of great importance and much to be preferred to the use of the pessary, and I find that antiseptic wool is greatly to be preferred to the usual cotton tampons.

I make these in the form of a small ball and cover it with a thin layer of absorbent cotton. The second tampon on the cord or string is only wool formed like a sheaf of wheat tied at the middle; the third is formed in the same way, and in this manner I can place them in any part of the vagina about the cervix that I wish, being careful that they are not too large.

The great advantage of the wool is due to its elasticity, which causes it to fit in the fornix, or fornices, as the operator desires. Next, that it remains almost in the same shape that it had when first introduced, thus keeping the medicated cotton covering in contact with the vaginal membrane and cervix for a much greater time than if the tampon were made of cotton, which soon shrinks into a hard ball, giving rise to discomfort to your patient. Of course, the application of tampons is always best made

with the patient in the knee-chest position, the uterus at the same time falling forward in the anteversion position.

Retroflexion, congenitally, is rare; the acquired form when severe is to be treated by an incision through the posterior wall, thus rendering the canal patulous and straighter. Now, curettage and swabbing as in anteflexion. Tamponing may be necessary for the bleeding, the packing to remain for forty-eight hours; the vagina should be packed every second day for three weeks. A little gauze laid in the wound when the vagina is dressed, for six or eight days after operation, will be of great advantage.

Prolapus uteri is usually a sequel of pregnancy and child birth; it may result from the laceration of the perineum, as well as the increased weight of the subinvoluted uterus. Many operations have been devised to remedy this distressing condition; ventral suspension and ventral fixation are neither advisable, as either may become the other by changes that follow either operation. Further, suspension otfen leaves a long adhesion of peritoneum that may endanger the patient by producing intestinal obstruction, or the same result may follow the loosening of a ventral fixation.

For these reasons operations on the round ligaments seem more advisable; therefore, Gilliam's operation, ventro-suspension of the uterus, is to be considered. It consists of opening the abdomen above the pubes, grasping the round ligaments gently one and a half inches from the uterus on each side, then carrying the loop through an oblique opening ending a half inch from the edge of the abdominal incision and sewing it to the muscles and fascia of the abdominal wall. These openings through the abdominal wall being one and one-half inches above the pubic symphysis, and running downwards and outwards, so that when the abdominal incision is closed they are one inch apart at the anterior and two inches apart on the posterior or peritoneal surface of the abdominal wall. The results have been excellent in pregnancy and in parturition.

Another method of retaining the uterus in a more normal position is afforded by the Baldy-Webster operation, which, after the usual laparotomy incision, the round ligaments are seized as in the previous operation, and the loop drawn backwards to the middle of the uterus. Each loop is then sewed to the other, and to the uterus by two or three sutures for each ligament, and the abdomen closed.

Among two or three hundred of these operations there have been many pregnancies without any difficulties to the patient or the accoucheur. These two operations are useful, both for retroversion and uterine prolapse. The Gilliam's operation being much easier, therefore, probably being more often preferred.

In addition to those already described, there still remains another to be referred to, namely, that of perineal repair. For this displacement, Venable has devised an operation, the principles of which are to fold the broad ligaments on the back of the uterus, at its upper part, without section of the ligaments, sewing them fast to the uterus, and in this manner support

it, yet this at times requires the Baldy-Webster operation to effect the proper support to the uterus.

Therefore, we note that the objection to the ventro-suspension and fixation operations are that one may become the other, leaving a long peritoneal adhesion in one case or a firm fixation in the other, and that we can not be sure which will finally result from either operation.

In conclusion, we find that for anteflexion we have dilatation and curettage. For retroflexion, the treatment just mentioned with section of the posterior uterine wall. For retroversion, manual reduction plus retention, in a few cases by pessary, in most by tampons and medication.

When other means fail, operation is the correct treatment by Gilliam's or Baldy-Webster's operation, or when the patient objects to laparotomy it may be done by a modified operation of Dr. Abbe's, consisting in dissecting out the round ligament after the Alexander method and then using this ligament as a suture to sew Poupart's ligament to the internal oblique and transversalis muscles, as a continuous suture, fastening the distal extremity with catgut sutures, and continuing the suture line with the same suture. Dr. Abbe has used this method without failure for twenty-five years. For the more common prolapsus we have the last three operations, and those for perineal repair, the principal considerations for which should regard the union of the two levator ani muscles and the perineal fascia, and the avoidance of wounding the posterior vaginal wall.

HOT WATER OF HOT SPRINGS, ARKANSAS, AND A CASE OF PELLAGRA.

V. A. Duren, M.D., Hot Springs, Ark.

I want to briefly mention a few things about the hot waters of Hot Springs, Ark., and try as best I can in a very short paper to correct some erroneous ideas that have crept into the minds of some of the profession. Mark what I say. Erroneous ideas are held by some, not all, not the majority, but some of our professional brothers, in regard to the use of the hot waters of Hot Springs, Ark. In a paper read before the Arkansas Eclectic Medical Association, in May, I had something to say on this subject. Realizing that I must be very brief and not mention many things that might be interesting, I have secured a number of copies of a pamphlet published by the Business Men's League, of Hot Springs. The league vouches for its accuracy. I shall be glad to hand each of you a copy.

These waters are powerful in combating certain diseases and are detrimental to the patient in other diseases, which you will see by reading the pamphlet referred to. Especially are these waters detrimental to the sufferers from chronic Bright's disease or pulmonary tuberculosis, unless very carefully used, and then I doubt that the patient is benefited any further than simple sanitary baths with any other water would give. Many times have these people been injured by reckless bathing. These waters are

a real therapeutic agent, positively curative when intelligently and skillfully used. These waters have and will injure the well and those who suffer from most any disease when used by a novice. The pathological and physiological effects of the hot waters must be known if the patient is to be cured or benefited. Sick men bathe and grow worse, and well men bathe and are ill, simply because their bath was too hot or too cold, or they stayed in the tub, vapor, hot room, pack or shower and needle too long, or else left off the one that was needed or took the course that was positively contraindicated. Many times have I seen this happen and the patient wonder why he is not benefited while others all around him are cured. Finally, driven to desperation, he decides to go home or to call on a competent physician. If he goes home, he goes knocking Hot Springs and every friend that ever advised him to try the hot waters. If he calls on a competent physician, who directs his baths for him and gives such drugs and dietetic instructions as are indicated, he generally is either greatly benefited or cured, and returns home to his friends praising Hot Springs and expressing his life-long thanks to everyone who advised him to try the hot waters.

I would not attempt to say that the hot waters are a panacea for all ills that men are heir to, but there positively is a cure at Hot Springs, Ark., for everyone who is a sufferer from a curable disease. I want to emphasize the fact that it is best to come early. Do not wait until it is too late. Many thousands are benefited greatly after having suffered for years. It is not wise to wait longer when the good family doctor with his old reliable specific medication has failed.

Doctor, I want to say to you that you owe it to yourself to take a vacation at Hot Springs and bathe, bathe, bathe If you have never tried it you have no idea how good you will feel when you return home. If you are not sick but overworked and tired and need toning up a little, be sure your bath is not too hot—tub 98° to 94° F., ten to fifteen minutes, and shower and needle, starting it at 98° F. and reducing it to 80° F., or even lower, as you become accustomed to it.

We will be glad to see you and will do all within our power to make your stay with us pleasant for you. Come, doctor, come! This little pamphlet might answer the question you want to ask. Take it home with you and read it.

I will briefly report a case of pellagra referred to me by Dr. E. H. Martin. Patient, female, aged thirty-five years, mother of three healthy children. Family history good. Came to me July 25, 1911. Patient began to feel languid three years prior to this date; two years before coming had a well-marked case. Had been treated by three reputable physicians of the regular school. Yet she grew gradually worse. When I first saw her the case was highly developed, the symptoms very marked. She would sit in one position with eyes fixed. She did not seem to be conscious of her existence or to see any particular object. When spoken to directly she

would answer semi-intelligently and drop back into the same condition and remain so until spoken to again, or until meal time, or until the bowel or bladder wanted to act, when she would attend to nature's call and go back to her chair and remain there. I put her on papine to control the bowel action, 3 i after each motion, directing that she should have three movements each day. Before giving it I gave podophyllin, one-fourth grain, every other evening, and calcium sulphide, two grains, four times a day, and the following prescription: ℞ Calcium glycerophosphate, gr. xxxij; sodium glycerophosphate, gr. lxiv; iron, gr. vj; quinine sulphate, gr. ii; strychnine, gr. one-fourth; alcohol, half an ounce; simple arom. elixir; q.s., four ounces. Sig., one teaspoonful in one-half glass water one hour after meals.

I watched the stomach and gave essence of pepsin, Fairchild, or other digestants when needed. I gave Fowler's solution and specific tincture chionanthus, equal parts, up to the symptoms of arsenical poisoning. She had one or two drops of echafolta with every dose of other medicine. I did not give all this in one day, but tried to select the drugs most directly indicated and kept her on them fifteen days, then changed so that the drugs were alternated every fifteen days except the echafolta, which she took every day.

Six weeks of this treatment showed very slight improvement. Three months, marked improvement, and six months the patient seemed to be restored to perfect health, but we continued the treatment six months longer. She has not taken a dose of medicine since the 25th day of July, 1912, and is in perfect health to-day. Some brother may be ready to say "shot gun," or ask why so many drugs, or what was the specific indication for each? I can not attempt to answer all this in this short paper, but I felt that I was not doing violence to specific medication because I felt that each drug was indicated. I report this particular case because of its severity and long standing before I saw the case, and because I want to extol the virtues of specific medication in connection with the healing waters of Hot Springs.

I use other remedies in treating my pellagra patients and some recover in a short time. Sodium cacodylate, three-fourths grain, every other day, for thirty days, sometimes cures; "606" or salvarsan cures some. The two things to keep in mind in pellagra is to diagnose it early and to keep the patient from exposure to the rays of the summer sun.

SPECIFIC MEDICATION IN OBSTETRICS.

H. H. Blankmeyer, M.D., Aransas Pass, Texas.

After giving my promise to write a short paper on the above title for this section, the more I thought of the title the less I was inclined to comply with the request, but, being a stickler for keeping promises, even for a medical convention program, where so many make promises, apparently for

no other reason except to see their names in print, therefore, to avoid the distinction of being a seeker after publicity or a liar, I stand before you with *this excuse,* although it may be a poor one.

I did not wish to infer that I was disinclined to comply on account of indifference or lack of time, for as secretary of a medical society of the greatest State in the Union, with the National as our guest, I have had time to spare (?), but I could not help but think the subject would be more thoroughly covered in the sections of practice or medicine and by master minds. Does it not seem like proselyting on the above mentioned sections or just contrary to the teachings of our school to add the two words "in obstetrics?" And yet with the sacred writer, we might repeat, "Precept upon precept, line upon line; here a little, there a little."

Being a student and faithful follower of the principles taught by "Father Scudder," I naturally thought, why specific medication in obstetrics? Is not specific medication one and the same in all branches, eye and ear, nose and throat, surgery, obstetrics or diseases of man, woman or child? Do you not believe if the same specific symptoms are found in obstetrics as you find in smallpox, scarlet fever, inflamed joint, or what not, that the same specific medicine is indicated and will cure? I do.

If you find hot, flushed face, high fever, contracted pupils, excited pulse, restless patient, do you ask if it is an obstetrical case, inflammation of the brain, gallstones or typhoid fever, or do you reach for your specific gelsemium bottle and leave the name take care of itself? If you find that characteristic headache, with dragging sensation low down in the pelvis that accompanies a waterlogged womb, do you talk obstetrics, surgery or specific senecio? If you have patient with weak heart, edema of the eyelids, feet or hands, have you the indications for obstetrics or specific apocynum? And so we might go through all the specific indications for the various specific medicines, as taught by *true* Eclectic schools and prescribed with a certainty of success, without ever worrying whether you have an obstetrical patient on your hands or not.

That is one of the strong points about the teachings of the Eclectic School of Medicine, and, as more able articles will be presented on this line in other sections, I will close with this last thought: If you expect these results in obstetrics or any other branch of practice, you must have good, first-class drugs.

CANCER OF THE UTERUS; ITS MEDICINAL TREATMENT.

A. S. Tuchler, M.D., San Francisco, Cal.

The treatment of cancer of the uterus, is, like cancer of any organ or surface of the body, amenable to successful medicinal treatment in its early stages, and even in advanced cases, and in those that come from the surgeon's hands, relief can be given the sufferer and life made comfortable by the direct indicated medication.

Although cancer of this organ is commonly found affecting the cervix, the body of the uterus will sometimes take on a cancerous condition, due usually to a fibrous degeneration. The former being the more frequent, we will outline a method of treatment for cancer of the cervix, which has proven successful in the practice of the writer, and due credit must be given to Dr. Eli G. Jones, who has systematized the treatment of cancer generally to such an extent in his book, that it is a pleasure to be able to relieve such cases when one is appealed to and when seen early enough to be able to cure the sufferers of their affliction.

Since the disease is usually due to some injury of the cervix, either a laceration or an erosion, and since it is always a case of long standing, the systemic condition is very materially impaired. This may have been going on for a long time before the sufferer is aware of any resultant local cancerous degeneration. The profuse discharge and the gradual general emaciation will compel her to seek relief. It, therefore, becomes a matter of both local and constitutional treatment.

There are two forms of this disease, the scirrhous and the cauliflower, the former being more frequently met with. In the scirrhous variety there will be an offensive odor, and on digital examination the uterus will be found to be fixed and unyielding, and in advanced cases the cervix will be adhered to the vaginal walls; this latter condition is not so favorable to a successful treatment as when only the cervix alone is involved. There will also be a painful burning sensation and a bearing down feeling.

In the cauliflower variety, the uterus will be found to be movable on digital examination and the cervix soft and yielding, with an uneven granular surface, which bleeds readily when touched. There will be a profuse discharge but very little odor, light in color at first, and which will be gradually mixed with blood and become hemorrhagic as the case progresses. A history of the case and a digital examination should be sufficient to enable one to diagnose a cancer of the cervix correctly, and one need not to resort to instrumental examination with its subsequent unnecessary pain and hemorrhage. The cervix of this variety will be found to be dotted with small granulations, which are very vascular and will bleed readily when touched. In the early stage it is recognized by a well-defined area of the cervix much like that of an erysipelas condition with a glistening appearance of the part of the cervix which is affected. This stage is readily amenable to a successful treatment, but usually the patient is seen when this stage is past. The treatment will depend on this correct diagnosis since the two varieties require different local as well as constitutional treatment.

We have observed that the blood pressure is below the normal standard in all cases of cancer and consequent lowered vitality. The temperature is also below normal; gradual emaciation and the cancerous cachexia is in evidence.

The eyes also will show this cancerous condition, and this disease can be diagnosed without asking a word of the patient. The conjunctiva will

be of a glistening, pearly white color, and if the condition is far advanced, it will show yellow spots; as the patient improves these will fade away and the eyes will again become normal in appearance; the blood pressure will also raise to the normal standard.

The tongue is also an important factor to consider, for it will not only point to the indicated remedy, but will also show the condition of the blood and of the body secretions, as well as that of the condition of the nervous system. An acid or alkaline looking tongue, and whether slick or coated, will require its respective indicated remedy in order to correct the perverted secretions which this condition reveals, and this must be corrected before the indicated remedy for this disease will be effective. An acid will be required for the red tongue and usually muriatic acid is the remedy needed. For the pale tongue with a pasty or dirty coating, some form of sodium will be required, such as the sulphite or the sulphocarbolate, or any other as may be indicated.

Since cancer is characterized by a lowered vitality, such as a subnormal temperature and blood pressure below the normal standard, strychnine sulphate is indicated in one-thirtieth grain doses three times a day, after eating; also nuclein solution in thirty-drop doses on the tongue twice daily will be necessary in order to raise this lowered vitality. The dominant remedy most usually indicated for this constitutional dyscrasia and for its influence on the uterus, is specific medicine phytolacca in ten-drop doses once in three hours.

Specific medicine echinacea, ten to fifteen-drop doses once in three hours (and can be given in conjunction with the above remedy), will relieve the pains of cancer and also overcome the terrible odor of this disease. This bit of practice was found by the writer to be a Godsend to a patient who had a cancer of the throat, where morphine failed to give relief, and which was noted in a contribution by the writer of an article in the *California Medical Journal* in 1892, and this was also subsequently noted by other observers. Specific medicine rumex as an iron carrier and tonic may be necessary to improve the condition of the blood. Dr. N. G. Vasser has found is to be "a better alterative and tonic than echinacea."

It is hardly necessary for me to remind you that the kidneys and the bowels must be looked after with their respective indicated remedies. Baths of Epsom salts, of which one pound is added to the bath and taken two or three times a week, will help to soothe the nerves and add to the comfort of the patient. This bath must be taken as hot as can be tolerated and the patient rubbed down several times while in the water, which should take about fifteen to thirty minutes; soap should not be used with this Epsom bath.

The local treatment for the scirrhous variety is commenced with a vaginal douche of a solution of potassium permanganate, a five grain tablet dissolved in three or four quarts of warm water. The cancerous tissue is then painted thoroughly once each day for six days, with equal parts of a saturated solution of chloride of zinc and a 25 per cent. solution

of carbolic acid, then a daily poultice is applied against the cervix through a speculum of powdered slippery elm, which is mixed with warm water to the consistency of a paste and done up in gauze about the size of a walnut. In about five or six days the diseased tissue will come out when the poultice is removed. Should it fail, however, to do so, then the process should be gone over again. Then, in order to heal this raw surface, Lloyd's white hydrastis or aqueous calendula on gauze can be placed once daily against the cervix until it is healed.

For the cauliflower variety, the dominant remedy is thuja (specific medicine) in ten-drop doses every three hours, given in alternation with any other indicated remedy as noted above. Locally, after cleansing the diseased parts with peroxide of hydrogen, thuja should be injected into the cancerous mass by an ordinary hypodermic needle in ten or twenty-drop doses on alternate days, and also applied full strength once a day on gauze, packed around and against the cervix, or a thuja rectal suppository can be placed against the cervix where the gauze will cause irritation. These suppositories should be made with wax and cocoa butter, so that they will not dissolve so readily and should hold as much of the thuja extract as can be incorporated with them. This remedy will cause the growth to shrink and slough away. An aqueous solution of calendula on gauze placed against this raw surface once a day will soon cause it to assume a normal aspect.

THE ESSENTIALS IN OBSTETRICS.

H. Vandre, M.D., San Francisco, Cal.

The essentials in obstetrics are clean hands, clean instruments and clean parts; some pluck, courage, and a strong sense of duty; a knowledge of the anatomy of the parts (pelvic anatomy), its structures, functions and measurements; a fair knowledge of the usual positions and presentations and the mechanism of labor.

I would remark here that only such as are well qualified should be intrusted with this most imported part of practice; hence my excuse for the above remarks. It is most pitiful and deplorable to witness at times some of the work done in this line by unscrupulous incompetents. It should be stopped.

An obstetrical equipment should consist of a Kelley pad or piece of oil silk; douche font; lysol; bichloride tablets 1-2000, antiseptic gauze and cotton, umbilical cord, asepsin soap, hand and finger-nail brush, tube of white vaseline, a small box of chemically pure powdered boric acid (for making hot saturated solution for cleansing eyes and mouth), a box of talcum powder; for emergency, three ounces of alcohol, two ounces of chloroform, ergot, two-grain quinine capsules as a uterine stimulant (given in six and ten-grain doses), gelsemium in ten-drop doses to allay nervousness and favor dilatation of os, Eclectic Dover's powders (camphor

and Dover's powder) in five-grain capsules, usually given in primipara cases in ten-grain doses will prove of great assistance for the relief of these very painful and tedious labors. Accessories—Obstetric forceps, knife, scissors, catheter.

In the beginning of labor place the Kelley pad in position. Examine the parts carefully. Ascertain the position, presentation, and look for any abnormalities. Have the bowels and bladder emptied. Have on hand sufficient hot and cold boiled water. Boil the instruments and wipe off with sterilized cotton moistened with alcohol. Quietly place instruments, sutures and gauze on table close by and cover with clean cloth. Clean the vulvo-perineal region with asepsin soap and hot water. Trim the hairs (if necessary). Examine dilation but do not rupture amniotic bag too soon, wait until complete dilation of the os. Remember the amniotic fluid serves a good purpose here in helping dilate the parts and facilitating delivery. Between pains have the instruments prepared and sterilized and the necessary antiseptic solutions ready.

When the head is presenting watch and support the perineum. Have the patient hold and control the expulsive pains when too forceful while making steady but not too firm pressure over the perineum until the head is born. Observe quickly if the cord is found coiled around the neck, and if it is, it should be loosened by drawing upon the placental end until the shoulder can pass readily through the loop or pass head through loop if possible or more convenient, but be careful not to rupture the cord. If the shoulders are engaged or too broad maintain the support over the perineum and lift upward and depress the opposite shoulder to obtain a shorter angle and deliver gently (not brusquely), thus you will have less laceration of the parts. Await respiration and usual cry before tying the cord. If no cry is elicited immediately wash out the mouth, throat and nose of all secretions and dilate the rectum if necessary; then wash and sterilize the hands immediately after. When the child begins to breathe and cry lustily then tie the cord and wrap the child in warm clothes and hand over to the nurse.

Proceed to remove the placenta by making gradual but gentle traction with a little rotary motion; with the other hand grasping firmly the abdomino-uterine region and with a squeezing, pressing downward and outward motion or (Crede's method) until the placenta is expelled. If it is attached, dissect it carefully with the index and middle finger and free it from all attachments and remove. For the douche use vaginal or pitcher with lysol or bichloride. In the ordinary cases the pitcher douche will be found sufficient; but when there has been some laceration or bruised tissue I prefer the use of the vaginal lysol douche with a half to one teaspoonful of lysol to font once or twice a day for a few days.

Following instrumental deliveries, where more or less abrasions and lacerations are the result, and I have reason to suspect infection, I usually

use the hot normal salt solution intra-uterine or vaginal followed with the hot antiseptic lysol solution in the above proportions.

Dress the parts with the sterilized gauze and cotton in the usual way and apply a snug abdominal bandage. I continue the lysol douches night and morning for five or six days or longer if necessary, with a two-grain quinine capsule night and morning for the same period as an antiseptic stimulant and to prevent infection.

For the after pains I usually give one to two Antikamnia and Codeine tablets (crushed) as required to quiet pains and induce sleep.

As a laxative on the third day I give a small teaspoonful of Epsom salt dissolved in lukewarm water with one drop of essence of peppermint every three or four hours sufficient to move the bowels. Sometimes I use instead the Tarrant's seltzer aperient in tablespoonful doses as above, or castor oil or compound licorice powder if they prefer.

Lastly, attend carefully to the lochia, bowels, and bladder, retrograde uterine changes, diet and care of breasts.

POSTPARTUM HEMORRHAGE.

L. R. Crabtree, M.D., Akersville, Ky.

This is a condition in which the physician will be called upon to use all his mental faculties and use them quickly. I have in my short experience had three cases.

The cause of postpartum hemorrhage is deficient uterine contraction. The greater the deficiency the greater the hemorrhages. The causes of deficient contraction are many. Uterine inertia, prolonged pregnancy, producing over-distention of the uterus or in the case of twins, quickly successive labors, too rapid delivery, distention of the bladder or rectum causing sympathetic inertia; retention of the placenta as in hour-glass contraction, hemorrhagic diathesis.

Symptoms: Gushing of blood from the vagina either immediately or some time after the birth of the child. The quantity of the blood is variable, depending on the condition of the woman at the time of delivery. It may be moderate or fatal. Absence, partial or complete, of the hard uterine globe on hypogastric palpation, or the uterus may be soft and greatly enlarged due to the accumulation of blood in its cavity, with little or no external flow. This is called concealed hemorrhage. This is the most dangerous; probably by reason of the failure of the physician or nurse to recognize the condition promptly. In either case there will be symptoms of the loss of blood, as shown by the deathly pallor, cold extremities, feeble, rapid, thready pulse, gasping, sighing, restlessness, dyspnea and hunger for air. Also great thirst and hunger for food in some cases. In the worst cases, syncope, loss of vision and death.

Treatment: In no condition is the physician called upon to act with more promptness, as the patient's life depends upon his quickness, knowledge and ability to control the flow of blood. The physician should always

keep cool and not get excited, as his patient's life may depend upon his coolness as well as his knowledge. As the hemorrhage depends on deficient uterine contraction that is what you want to produce. If the placenta be not delivered, deliver it at once either by Crede's method or by introducing the hand and grasping the placenta and removing it after having broken up all adhesions; the other hand making pressure on the fundus of the uterus at the same time. After the delivery of the placenta remove all clots and give specific medicine ergot, dr. 1; specific medicine cinnamon, gtt. 30, aqua dr. iv., at one dose, to be repeated in thirty minutes if necessary. I have never used the oil of erigeron, but I believe it would be beneficial. Subculoyd ergot may be administered hypodermically in preference to the specific medicine. Atropine 1-75 grain may also be used hypodermically. A lemon peeled and cut may be squeezed into the uterine cavity or if no lemon is handy a cloth or sponge saturated in vinegar can be used instead. A lump of ice may be introduced into the womb. It will sometimes cause contraction. These measures failing, irrigation of the uterine cavity with hot water, temperature 110° or 120° F., cloths wrung out, alternated with ones wrung out of cold should always be applied to the abdomen over the fundus from the beginning of the hemorrhage. A solution of perchloride of iron has been used and is recommended as an injection by some.

However, I do not like it. If all measures named have been used and failed, packing of the uterine cavity with iodoform gauze, the cavity packed tightly. This may be done after failure of the ergot and cinnamon, and I believe it should be, as it is the safest and surest remedy. In one of my cases I did not have the gauze and used instead strips of a clean sheet wet in bichloride solution. The patient recovered nicely. The gauze should remain twenty-four hours when it should be removed.

After the hemorrhage has been controlled a well adjusted abdominal binder with compresses over the top and at the sides of the uterus should be applied to prevent recurrence of the hemorrhage.

Where the woman is in a very much weakened condition give a normal saline injection. Give stimulants and a good nutritious diet. Keep the patient quiet in bed for several days and build her up with good tonics as may be indicated.

AN UNUSUAL CASE OF OBSTETRICS.

Amy Robinson, M.D., Hastings, Neb.

April 7, 1913, at 8 a. m., I was called to the bedside of Mrs. B. The first stage of labor had been on for two hours and there was a slight dilatation and a bloody mucus excretion; pains every ten minutes, some pressure and the patient had slight chills.

I gave warm drinks and a ℞ of capsicum, macrotys and pulsatilla, teaspoonful every fifteen minutes, and in one and one-half hours time she had pains more often and with more pressure. Upon examination, every-

thing seemed to be normal and coming along nicely, except a hard rounded body was found pressing downward in the lower segment of the uterus and a soft indentation directly above or over the os uteri, which could easily be dilated to two inches in diameter. There was viability, as at times there was noticeable motion of the fetus.

Upon repeated examination I was at loss to know my presentation, and the more often I examined the more puzzled the physician became. By deep examination over the abdomen I could locate the limbs and believe could locate the feet. This made me believe it could not be a breech presentation, which was the decision I came to by the digital examination. At noon she made very little headway with this queer situation. She had harder labor pains, and the patient was getting very nervous and uneasy. I now made ready to find out what the real situation was by calling another doctor to anesthetize, and sterilizing instruments, I made ready to do an instrumental delivery if necessary. Under anesthesia, I introduced the hand sufficiently to find a membrane which I punctured and a small amount of amniotic fluid escaped; then by using pressure over the external tumor, I could detect what seemed an undeveloped face, although of a softer, more concave surface than normal, but the hard, bony ring, that resembled somewhat the pelvic bones in a breech presentation was yet the undecided thing.

I now invited the other doctor to make the examination and we discussed the situation and decided to make a delivery of the presentation as it was, and we did so. It was no easy task to grasp the hard, bony parts that hugged tightly to the maternal pelvic outlet. We had delivered a ten-pound female child, well developed except for the head, which surely would be classed a monstrosity.

The face proper was well developed, the skull bones were hard, and they abruptly discontinued about the ordinary hair line, from an inch above the ear over across the frontal portion, and there was about an inch strip of the skull circle from ear to ear over, and posteriorly there was a circle of soft tissue that had a second yet undeveloped face three inches in diameter, where the top of the head should be. This horrible monstrosity lived for two hours, much to my displeasure. The complete recovery of the mother was uninterrupted.

Here are two conditions that existed, which of them was the cause? The mother and father after their marriage continued to work for six weeks after her pregnancy in the Ingleside Asylum, where they had been employed many months previous to their marriage, and she had witnessed the ordinary insane acts of the inmates and on one occasion she saw an attack of one inmate on another, the first crushing the other's head in with a club. This, positively, to my mind, was the cause of the deformity, until a month later we had a communication from the father's people stating that another such child was born in 1910 to his mother's sister's daughter, who lived a quiet home life in a valley in the Vermont mountain

country. Now, I do not know which, or whether either or neither, of these facts caused this deformity.

DISCUSSION.

DR. TUCKER: I have had three cases of this sort. In the first, the mother came out of the fields in her working dress, went to bed in the same condition. I worked with her for quite a while, and decided to rupture the membrane. I thought the Atlantic Ocean had broken loose. It flooded the patient, the bed and the room, and we swept it out with a broom, as you would mop the floor. When the child came, it was a spinal bifida.

USE AND ABUSE OF ALCOHOL.

JAMES C. MITCHELL, M.D., LOUISVILLE, KY.

Alcohol is obtained by distillation of fermented saccharine liquids. During the fermentation the sugar splits up into alcohol, carbon dioxide, glycerine, and succinic acid. The fermentation depends upon a certain amount of moisture and temperature and the addition of the ferment, the Torula Cerevisiae. That used in medicine is Ethyl Alcohol—C_2H_5OH. The properties are given as irritant, antiseptic, germicide, stimulant, paralyzant, preservative, solvent, narcotic.

The use of alcohol as a medicine should be extremely limited or not used internally at all, according to my notion. About the only use I find for it is locally as an antiseptic in external wounds. If one will swab out his wounds with full strength alcohol after he has removed as much foreign matter as he can, then put in his stitches, he will likely have union by first intention. As a stimulant, I have no use for it. There are so many other things that we can use and get the same results without the fearful drawbacks of alcohol. Red or black pepper are fine substitutes and are always handy. Hot water will give about the same effects as this drug. Strychnine, nitroglycerine, atropine act better as stimulants and do not have the untoward effects on the patient that alcohol has. We should always keep in mind the possibility of starting some weak individual into the drunkard's path of misery and shame.

The question of the food value of alcohol has long been a mooted one. Those in favor of alcohol adducing arguments to support their views and the opponents bringing about as strong arguments against, even without those from the moral standpoint. In this regard the nineteenth edition of the United States Dispensatory says on page 110: "In regard to the effect of alcohol upon the nutrition there is much contradictory evidence, but the present probabilities are that the drug has no specific influence upon the production of heat or of carbon dioxide, or upon nitrogenous elimination, and that, therefore, it has little or no direct effect upon the nutrition, unless it be in poisonous doses, when it certainly disturbs all nutritive processes. In its oxidation in the system, alcohol undoubtedly yields force, and it would appear to be demonstrated that the animal organism has the power of using this force for the purposes of life. In one sense, therefore, alcohol is a

food and our present knowledge indicates that it is in a measure, but not altogether capable of replacing in the system such hydrocarbons as starch and fats. On the other hand, alcohol is incapable of yielding material to the system which shall be built into tissue, and it is, therefore, incapable of supplying the place of any food except in the degree to which it may be used as a source of force." It further says: "In chronic diseases great care is necessary in the exhibition of the remedy for fear of begetting intemperate habits. This especially is the case in neuralgia and other painful affections in which the narcotic influence may be very soothing. Under these circumstances, there is a constant tendency to an increase of the size and of the frequency of the dose. Taken habitually in excess, alcohol produces the most deplorable results and is a very common cause of fatal maladies."

The effect that alcohol has on the system should be well known to all, but it will bear a short repetition. Taken into the stomach, it acts as an irritant. This at first increases the flow of the gastric juice, but if the quantity of alcohol is large it destroys the pepsin and hinders digestion. Alcohol is quickly absorbed from the stomach without being changed. Its effects on the blood is bad. It has been detected in the blood as unchanged alcohol. It has a strong affinity for the albuminous elements of the blood and tissues. Chemists have proven that it diminishes the amount of oxygen taken up through the air cells of the lungs, retards molecular and metabolic changes of both nutrition and waste throughout the system, and diminishes the action and sensibility of the nervous system in direct proportion to the amount taken. It also diminishes the elimination of waste products. Continued irritation results in atrophy of the cellular tissue and proliferation of the connective tissue. It is needless for me to describe the symptoms of chronic alcoholic gastritis.

From the stomach the alcohol is carried directly to the liver by the portal circulation. The continued irritation here results in a proliferation of the connective tissue with atrophy of the cellular tissue. At first the lobules are swollen and soft, giving us the soft liver. Then the contraction commences, and we gradually develop the cirrhotic or hob-nailed liver. Then the poor fellow is in a horrible plight and his vain regrets avail him but little. Nature says: "As ye sow, so shall ye reap." What a harvest!

The kidneys come in for their share of abuse. We have the same pathological changes as in the other organs. The worst part of these cases is that when the cellular tissue is destroyed the function of the organ is lost in direct proportion to the amount of tissue destroyed.

Alcohol has quite a few different effects upon the nervous system, depending upon the size and frequency of the dosage. It is given the credit of sharpening the wits when taken in small doses, but what is more pitiful than to see "somebody's darling" maudlin drunk, swaying from side to side, incoherently muttering to himself and being "baited" by the children on the street. But this exhilaration, with its flow of wit—usually smutty—

soon passes. Then the individual is below par as much as he was above. Each drink lessens his moral stability and increases the appetite. The continued use of this drug lessens the intellect and memory. When a man stops eating and drinks steadily for a few days or weeks the alcohol arouses the pituitary body to action. We are told by the occultists that that organ is the organ of clairvoyance and that the man who is suffering from delirium tremens has opened up his vision on the lowest astral planes and is conscious in the lowest portions of purgatory. Of all the cases of delirium tremens that I have seen, not one saw "snakes." They saw other animals, but the majority were pestered with human beings, and these human beings were always malevolent. It is said that when a person dies of delirium tremens in one life that in his next incarnation he is a most rabid, intolerant temperance fanatic. This is due to the terrible sufferings he has passed through before and after death being so indelibly stamped upon his consciousness that he becomes frenzied by even thinking of another drinking alcohol.

These direful results follow the taking of alcohol without exception, depending upon the amount and the way it is taken. A man who goes on a spree every six to twelve months does not suffer much from alcohol because the system has an opportunity to react from the irritation. But the steady drinker is the one who, sooner or later, succumbs to its effects. By steady drinker I mean one who takes from one to a dozen or more drinks daily. This procedure keeps the alcohol in the system all the time and nature has no time to repair the damages. Physicians who know or ought to know these things, lacking the will power to control their desires and appetites, will drink this stuff. And it is these fellows who prescribe it for their patients. A teetotaler will seldom or never prescribe alcoholic beverages for his patients. He would appreciate non-alcoholic drug preparations. Ten years ago, E. R. Squibb used different strengths of acetic acid as his menstruum.

Some observant clinicians have noted that the non-alcoholic treatment of any disease gives more favorable results than when the same disease is treated with alcohol. Life insurance companies have recognized the total abstainer as the better risk. The influential men in the commercial world have learned that the temperance employe is preferable to the occasional drinker.

A person will drink whiskey in the winter time to keep himself warm, and in the summer time to keep himself cool. You explain to him that the alcohol paralyzes the vasomotor nerves and gives him the glow of heat over his body. That the radiation of heat is much greater and he is in a worse fix then than before. But he thinks you are a crank, and he knows he can take another drink and get another glow of heat. This line of argument might confirm him in his intention to drink in the summer time, but how many cases of heat prostration or sunstroke has any physician seen that did not follow the taking of alcohol?

In a book, "Alcohol, the Sanction for Its Use," translated from the German of Dr. J. Starke, appear many arguments trying to justify the use of alcohol. While this German physiologist acknowledges that pathological changes, charged to alcohol, have been found in alcoholics, he also has noted that some of these changes have been found in non-alcoholics. He missed the fact that these non-alcoholics are usually meat eaters, and that meat and alcohol are both stimulants. Both of these substances are incompatible with and unnecessary for the continued enjoyment of perfect bodily, mental and moral health. But despite all arguments they will be consumed by some people until those people evolve to a point where they can control their degraded animal appetites. But those of us who have evolved to this point should, by example and precept, hasten the education—the evolution—of these younger, less advanced souls. We have passed through just such experiences, and, by the help of the highest and the tongue of good repute, have learned the difference between our true selves and our desires, appetites and motions, and have made these desires, appetites and emotions our servants instead of our masters.

SOME RESULTS OF ORIFICIAL SURGERY.

D. L. McCarthy, M.D., El Reno, Okla.

When I heard my first lecture upon the subject of orificial surgery, I thought to myself, "There! That is an old crank riding a hobby and it looks as if he was enjoying it." But when I heard the second lecture, I changed my mind and became convinced that the doctor knew what he was talking about, for in that second lecture he commenced talking about the sympathetic nervous system and its ramifications in a way that convinced the listener that he was a student and knew what he was talking about, and I made up my mind to watch that old doctor. The result was that I got to help him in his operations in the clinics, and before school was out I had done eight or ten operations myself, but he did not know it. I don't know anything about the result of those operations done at school, as the time was not sufficient to observe them long enough to know whether the desired result was obtained or not, but my experience since graduation is such that I believe that they all got well.

In May, 1911, Mrs. F., aged fifty-six, presented herself for treatment. She had been sick for twelve years, was sallow, looked like she might have pulmonary tuberculosis but she did not, but she had lived in a malarial country. Her family history was negative; she thought that at one time she had had piles; examination revealed a tender liver but not enlarged; spleen all right, some tenderness over the caecum; uterus atrophied, clitoris entirely covered up by an adherent hood; some pockets and papillæ in the rectum, the sphincters of which were very tight and irritable. She submitted to an operation, which was circumcision, dilation of the urethra, excision of the pockets and papllæ from the rectum, dilatation of the

rectum. The reaction in this case was remarkable, the entire organism responding. True, she had some specific medicine, nux, bryonia and podophyllum, but no doubt she had had these before she came to me, and had gotten no benefit. She thinks that the operation cured her, and I believe she had a good right to think so.

The next case was just as remarkable. Three boys in Mrs. J.'s family were suffering with convulsions every time they got sick. Examination revealed adherent prepuces in all three, and circumcision in September, 1911, cured them, and they are cured now. Their mother, seeing the result, and understanding my explanation of the physiology of nerve impingement, asked me to examine her. I did so and found the clitoris was completely hidden by the adhesions to the hood; she had a lacerated cervix, some pile tumors and pockets in the rectum. I circumcised, dilated the uretha, sewed up that cervix, removed the pile tumors and pockets, and put her to bed; had a trained nurse with her for four days. Discharged the nurse and she got up out of bed on the ninth day and wanted to go to work. Three months afterwards she was in my office, and to the room full of ladies made the statement that she was the happiest woman on earth, and after she had gone home some of the ladies present told me she had been insane—almost crazy enough to go to the insane asylum. This woman is well to-day and we have every reason to believe that she will stay so.

The next case was a remarkable one. Dr. Van Haltern, of El Reno, Okla., called me into a case of chorea. A girl, fourteen years old, who had been the rounds, and had steadily grown worse, was so bad that she could feed herself only part of the time. Examination revealed an adherent hood to the clitoris; an hypertrophied hymen, and ten or fifteen papillæ in the rectum. On the nineteenth day of January, 1912, this girl got the usual work that an orificialist gives these cases, and she has not had a twitch of her muscles since.

The next case was a boy, twelve years old, with chorea. Every other doctor in El Reno had had the case, and the boy was a walking drug store. Orificial surgery cured him without anything else.

Mr. M., aged thirty years, laborer in a mill, whose duty it was to sew up sacks, had evidence of approaching paralysis. Orificial work on June 1, 1912, cured him, and he is one of my staunchest friends.

The next case was one of asthma—Dr. H.'s wife. Dr. H. had lost his confidence in drugs, and had quit the practice and is running a drug store. We cured this case in thirty minutes and it stays cured. I circumcised this woman, amputated labia minora, removed pockets and pile tumors from the rectum. She had the typical asthmatic breathing all through the operation, but was breathing naturally and easily when we put her to bed, and she is cured.

The next is one of epilepsy in Mrs. M., aged thirty-four, sick for four years and had begun to affect her brain. Orificial work on the sixth day of February this year brought some good results. She had an attack on the

operating table, one about ten days afterwards, and two attacks on March 1. It is too soon to say whether this woman is cured or not, but the discovery of an abscess in her uterus and treatment of that and her consequent improvement since the last fit on March 1, leads us to believe that she will be entirely cured, and teaches us that we should look at all the orifices of the body for possible sources of reflex irritation.

Let me report still another case. Mrs. E. brought her little step-daughter to me, saying that she was so mortified at the child's behavior that she did not know what to do. The little girl was seven years old and was very nervous, was continually biting her finger nails and had done so, so much, that the nails were almost bleeding, and only the day before had stolen a necktie from the counter of one of the large department stores here. This girl was circumcised and was cured.

The results obtained from these cases force me to the conclusion that in orificial surgery we have the most potent therapeutic agent ever discovered. You can say to your patient, submit to this work and the result will be thus and so. Can you say so much for drugs? Can you say so much for any other system of healing? Orificial surgery will stop nervous energy going to waste, and we can not live in health if we are wasting our nervous energy. I fully believe that, give me the authority, I can empty the insane asylums and cure three-fourths of the inmates by the application of these principles, and I believe that I could make good citizens of over one-half of the inmates of our penal institutions. You can not say this of drugs; neither can any school or system of healing make this showing.

REPORT OF A CASE.

B. E. Dawson, A.M., M.D., Kansas City, Mo.

The following case is reported on account of its uniqueness and almost phenomenal results, and not to display the brilliant technique, fine skill, or superior knowledge of the author before this intelligent body of surgeons. He makes no claim for such distinction.

Miss P., aged seventeen; weight, ninety-five pounds. Had suffered with spasmodic dysmenorrhea for several years, with increasing severity and prolonged periods until hypodermics of H. M. C. were required for three weeks out of each month. She was sent from Texas to the writer, by her family physician, who had tried all known measures, outside of surgery, with signal failure. After getting a history of the case and making a thorough examination, it was decided best to make an exploratory laparotomy. The exploratory incision revealed extensive pathology of the uterus and adnexa. The uterus was twice its normal size and highly congested. The oviducts were enlarged and studded with hematoceles. The right ovary was entirely gone, while only a portion of the left remained, which was badly degenerated. The uterine sound had previously outlined a small tumor in the fundus, midway between the two horns. The discharge which

followed the spasmodic cramps was not menstrual fluid after the first week, but blood.

It was plainly evident to the writer that nothing short of hysterectomy and incision of the adnexa would bring relief to this suffering girl. This he did with the approval of her physician, Dr. I. H. LaMar, of Texhoma, who was present. He also removed the appendix, which was nearly in a normal condition. The cervix was not removed, as it presented no evidence of pathology. Very little blood was lost, the operation being practically bloodless. All-round orificial surgery was performed in this case by giving the needed attention to the lower orifices of the body. This the writer invariably does as a concomitant to every surgical procedure. He attributes largely the marvelous results in this case to this work. Orificial surgery, properly executed, flushes the capillaries and tunes the life wires that the vital current may have free access to every viscus in the body, thereby improving visceral function. Every operation in general surgery should be performed in the light of orificial philosophy. Orificial philosophy demands not only the release of nerve impingement, but its avoidance. Some of the most noted surgeons have bad surgical habits, which seem to need correction, because they are clumsy, unsurgical, unscientific and cruel in their nature, not satisfactory and often short in results. I refer to the severe impingement, either by clamp or ligature, of large masses of tissues and their contents, nerves and all, en masse, thereby producing unnecessary shock to the patient, reducing the vitality of the part, inviting sloughs, secondary hemorrhage and sepsis.

The anesthetic used in this case was chloroform, introduced by one full dose of H. M. C., administered with the hypodermic. She took the anesthetic kindly, with no untoward symptom, continuing to sleep quietly for nearly three hours after the operation was completed. The writer has used H. M. C. for the last eight years to introduce the chloroform or ether in almost every operation he has performed, with happy results, and not a single alarming symptom. He has nothing but praise for H. M. C. when so used. It lessens the amount of chloroform, prevents shock and militates against nausea and vomiting.

This patient made a most remarkable and rapid recovery. She had no rise of temperature, no nausea, no pain following the operation. Her urine was voided naturally the first day and bowels moved the second without a laxative. She was able to sit up on the fourth day, and able to return home in two weeks. She was transformed from a sad, despondent girl, almost continuously crying with pain, or stupefied with narcotics, into one as bright and happy as a sunbeam. There were no indications of neurasthenic or hysterical symptoms, nor was there a single dose of medicine required to relieve pain or quiet nervousness. This is certainly very unusual, in view of the sudden cessation of the long-continued use of narcotics.

SOME EXPERIENCES IN THE TREATMENT OF PNEUMONIA, LA GRIPPE AND CATARRHAL FEVER THE PAST WINTER.

A. W. Davidson, M.D., Poplar Bluff, Mo.

The past winter brought its usual amount of pneumonia, la grippe, catarrhal fever, and other forms of winter ailments.

Our winter, in a general way, was a mild one, but the weather exceedingly changeable, which was conducive to acute catarrhal affections, which seemed to be inclined to be attended with low grades of fever, bronchial catarrh and pneumonia, usually of the lobular form, with an inclination to a breaking down of lung tissue—the cases which usually die and the certificate reads "acute tuberculosis" and called by the laity "quick consumption." These conditions, of course, are not new to medical men, and the chief excuse I have to offer for this paper is the results of the treatment pursued. The remedies employed are by no means new to the profession, but the combination may be somewhat. The prescriptions are: Specific veratrum vir., gtts. v to x, liq. pot.; arsenitis, gtts. x to xx; guaiacol, gtts. v to x; aqua, syrup simp., aa, q.s. ad ℥iv; mix. Sig., teaspoonful every two hours. Also calcium sulphide, one-fourth to one grain tablets, every six hours.

Now, it is by no means intended to convey the idea that this treatment is to be applied to every case of pneumonia, la grippe or catarrhal fever, nor in all stages of these diseases. When our patient has reached a point when we expect convalescence to begin, but instead a low grade of fever continues, general weakness increases, cough severe, with a copious expectoration of a mucopurulent material, or a thick, yellowish-white sputum, pulse too rapid, relaxed, sweating skin, respiration above the normal, large mucous rales heard over a considerable portion of one or both lungs, or we may find evidences of consolidation involving a considerable area of one or both lungs, in the central portion of which large mucous rales, or rather a gurgling sound is heard, indicating air passing into a pus cavity. Irregular chills or rigors now appear and the patient is rapidly slipping away. These are the conditions in which the above treatment has served me well.

To better indicate the beneficial results of these remedies in these conditions, probably I could not do better than report some cases treated:

Case 1.—J. D. F., male, aged about forty-eight years, tall, of large frame, but had not been in robust health for a number of years, contracted a severe cold about December 18, 1912. He suffered the general symptoms of la grippe, some fever, cough and general aching, but continued to work for about a week. I was called December 26, 1912. Found him with a temperature of 103° F., respiration 36, pulse 120, severe cough, slight expectoration of tenacious mucus, pain in the lower lobe of the left lung. Auscultation and percussion did not reveal in a marked degree the physical signs of pneumonia, though there was no doubt in my mind that there was

an engorgement of the more central structure of the lung and subsequent results fully confirmed the opinion. Bowels being constipated, he was given castor oil sufficient to thoroughly evacuate them. He was also given: Specific aconite, gtts. x; specific asclepias, 3 ij; aromatic spirits ammonia, 3 iv; aqua, syr. simp., q.s., ad ℥ iv; mix; teaspoonful every hour. The tongue having a muddy, brown coat, he was given sulphurous acid, 3 iv, aqua, ℥ iv; mix; teaspoonful every two hours. This treatment was not materially varied from for ten days or two weeks. The temperature ranged from 101° F. in the morning, to 102° F. in the evening, the pulse from 60 to 90, respirations from 30 to 48. The cough continued severe, and the expectoration increased, becoming thick, yellowish-white, and very offensive. The actions from the bowels, which always had to be secured by the use of castor oil, were almost unbearably offensive. In the meantime, a decided dullness was located just below the lower angle of the left scapula, parallel with the spinal column, about four inches in length and three in width. The bronchophony and pectoriloquy were distinct. About the center of this consolidation large mucous rales, of a gurgling and sometimes almost a metallic popping sound could be heard. About this time there appeared irregular chills or rigors, generally two in the twenty-four hours, followed by a considerable rise of temperature. To arrest these chills I gave quinine in considerable doses, with but little hope, however, of benefit, and my lack of faith was fully realized. Having about concluded that my patient was about to take passage across the dark river, he was placed upon the veratrum, arsenic and guaiacol, also calcium sulphide, as indicated above. The rigors began to grow less severe and had entirely ceased by the third day. The affected lung area began to grow less, and at the end of the fourth week he was convalescent, and is now reasonably strong and doing manual labor every day.

Case 2.—On January 20, 1913, I visited a lad about thirteen years of age, in consultation with Dr. Harwell, of Hendrickson, Mo. This boy had contracted a severe pneumonia about January 1, 1913. He was not a robust boy, several of his relatives on the paternal side having died of tuberculosis. About the fifteenth day, irregular chills or rigors, generally two in the twenty-four hours, appeared. I found a temperature of 103° F., pulse 130, respirations 46 to 50. A very severe cough, with a most profuse expectoration of a mucopurulent character. Large moist mucous rales almost throughout the entire right lung, with some evidences of consolidation of middle lobe. The left lung was also quite catarrhal; in all, there seemed little in this case upon which to base a hope of recovery. He was given: Specific veratrum, gtts. v; liq. pot. arsenitis, gtts. x; aqua, syrup simp. aa, q.s. ad ℥ iv; mix. Sig., teaspoonful every two hours. Also calcium sulphide, one-fourth grain tablet, every six hours. The rigors ceased after about the third day, the cough and condition of the lungs improved, and the boy made a rapid recovery.

Case 3.—Levi M., male, about seventy-five years of age. I saw this

case on January 30, 1913, in consultation with Dr. W., an old school physician, who informed me on our way to the old gentleman's residence that he had tuberculosis, and would, in his opinion, certainly die. From the history it appeared that the patient had contracted la grippe three or four weeks prior to this time. A low grade of fever had developed, a severe cough, with rather a profuse, heavy, yellowish-white expectoration. Some mucous rales could be heard over both lungs, but no evidence of consolidation or cavities. The temperature was 102° F., pulse 96, rather hard, indicating considerable arteriosclerosis, respiration 28. Prostration quite marked. No well-marked chills, but cold spells, followed by rise of fever. The veratrum, arsenic and guaiacol prescription with calcium sulphide was advised. Improvement began almost at once, and, while slow, the old gentleman made a good recovery.

This is only three of quite a number of cases of like character treated during the past winter and spring, with only one fatal result, and this patient was an old drinker, and his surroundings and nursing were abominable. Now, I do not know nor do I claim, that this treatment would cure or materially benefit tuberculosis, though the late Prof. A. J. Howe placed a high value on veratrum and Fowler's solution of arsenic in the treatment of this disease. The guaiacol seems to be a powerful antiseptic and a valuable remedy in catarrhal affections of the respiratory passages. The carbonate of guaiacol seems to result from a union of sodium salts of guaiacol, with carbonylchloride. The preparation I use is a liquid, and, I presume, is the crystals in solution in alcohol, with chloroform and glycerine. From the spelling, I take it the remedy is a product of the guaiacum tree, or lignum vitae. We all know the value of calcium sulphide where there is a tendency to breaking down of tissue, or abscess formation.

Of one thing I am certain; that is, I see patients recovering from conditions under this treatment when patients under like conditions died before it was adopted.

MEASLES COMPLICATED WITH PREGNANCY.

L. H. Freedman, M.D., Crowell, Texas.

Patient, aged seventeen, pregnant five months, primipara. When I was called to the case I found a very sick woman, who had been attended by an old school physician, but her condition was continually becoming worse until the family, in alarm, sent for me and discharged the other doctor. She was fairly well nourished and comfortably cared for. Temperature 104.8° F., pulse rapid and small, could hardly count it, but it was 140, respiration 36; voice too weak to be heard, or rather a paralysis of the larynx caused by the diseased condition of the throat and nose and extending the entire length of the trachea, breath extremely fetid; tongue broad and having a dark gray coating; nose crusted with diseased tissue extending down the posterior nares; eyes congested and inflamed; cough

dry and very irritable; patient would try to avoid coughing; some soreness in the chest. It seemed, for several days, that the patient could not recover and the family and that bete noir of all doctors, the kind neighbor, gave the patient up; she simply could not live; but with a full arsenal of Eclectic remedies I am a pretty good soldier and refuse to raise the white flag so long as there is a spark of life to work with. She suffered from extreme dyspnea, would struggle to breathe and would become cyanotic; complained of her kidneys; urine scant; bowel action slight and very fetid. The patient has, naturally, a very sensitive stomach, and experienced such extreme nausea that most of the remedies I used had to be administered hypodermically and her idiosyncrasy was such that she took at least three times as much at a dose than most.

As the physician coming to the bedside of a patient is expected by the family to "do something" immediately, I began by using veratrum, gtts. xv, hypodermically, to reduce the pulse. In half an hour 1-100 atropine sulphate. These two doses, repeated in an hour, failed to reduce the rapidity of the pulse. Dyspnea becoming very distressing, I gave of veratrum, gtt. xv, and lobelia, gtt. xv, together, hypodermically, two hours after the last dose of veratrum. This brought on a persistent emesis, but strange as it may seem it succeeded in reducing the pulse rate to 100 per minute, respiration to 24, and temperature, by mouth, 102° F. Later, as the vomiting was persistent and severe, I administered one H. M. C. tablet, No. 1. Waited half an hour with no improvement, so gave two tablets of creosote compound per mouth at one dose; these contained one-tenth grain cocaine hydrochloride (Mulford), but with no apparent benefit. I became satisfied that if the vomiting continued the patient would abort. The pulse at times would be so small that I could not detect it, and again so fast I could not count it. All this effort to accomplish desired results occupied about six hours, but still the vomiting continued, so I again gave a No. 1 H. M. C., and in about ten minutes it stopped. In two hours I gave one-thirtieth grain strychnine, and in another hour, as the dyspnea was so very bad, I gave one-sixtieth grain strychnine with 1-150 atropine, after which the patient recovered.

As soon as she was able, I began to treat the throat and nose, which were very badly diseased, using a director and application of nucleate of silver (argyrol) and a solution of zinc chloride, 3 per cent. Going down through the posterior nares I pushed out a quantity of diseased tissue, very thick and very offensive. She would then cough up and blow out from the throat and trachea great quantities of scabs. This continued for ten days. My treatment for the condition of throat and bronchi was: Glass, No. 1: Specific collinsonia, ʒ ii; specific bryonia, gtt. x; specific belladonna, gtt. x; aqua, q.s., ℥ iv. Glass, No. 2: Specific sanguinaria, ʒ ss; specific phytolacca, ʒ i; specific ipecac, gtt. x; specific aconite, gtt. x; aqua, q.s., ℥ iv. Alternate one teaspoonful every hour.

At times when the temperature ran high and skin dry, I would give five

grains of aspirin every three hours as required, and sometimes I would give asclepias instead of aspirin. I obtained quicker diaphoresis with aspirin than with any other agent. My patient seemed to do better under this oscillating treatment. After five days of attendance I was called hurriedly to come at once (seven miles). Upon my arrival I found my patient had miscarried of a male child of about five months, still-born, of course. In spite of all this strain, my patient continued to improve. I strengthened the heart with cactus, and at other times with strychnine, then later Blaud's with nux vomica and with antiseptic gargles for throat. She made a complete recovery and my pay is a most profuse shower of compliments until fall.

Most of my remedies, as you will note, are specifics, and all of them are outlawed by the hierarchy of the A. M. A. There is absolutely nothing in them, no result was ever obtained, and we, as Eclectics (some of us), actually say that Eclecticism has served its purpose and is now relegated to the shelf. These are the actual words of a classmate of mine. Why is it that we make cures with these remedies when the old calomel and quinine doctor fails all along the way? Where is there an old-school man, who has practiced for fourteen years, who can truthfully say, as can I, that he has had no more than ten deaths from disease? Most of these cases were fatal from the start and some were from senility. I may not have advanced a single idea that is new, and to some of you this paper may seem almost too simple, but I beg to say that I am not in favor of single dosage. When called to a severe case, twenty or thirty miles away, and when such call means a fee of $20 or $30, as the case may be, it is necessary that we bring our entire arsenal into use, and it can only be done in a combined dose. Now, I am in trouble! But I practice *medicine* and have learned a few things since I left school not contained between the covers of our text-books or in the words of our learned professors.

The above cut represents a very good example of irritation produced by a Mikulicz drain. Coils of the ileum are matted together by fibrinous exudate, and the lumen is shown to be very much narrowed but still giving vent to some fecal flow. There are four distinct angulations, all matted together centrally.

Treatment of Persistent Hiccough.

Dr. F. H. Read reports (*Med. Record*) the relief of persistent hiccough by the use of ten drops of a saturated solution of menthol in rectified spirits of wine, in a little hot water, to be repeated every hour, if necessary. —*Critic and Guide.*

Sodium Bicarbonate Applications in Gout.

B. Brand employs sodium bicarbonate externally in gout. He applies to the inflamed joints dressings thickly covered with a paste of sodium bicarbonate and water and kept continuously moist. The results are said to be surprisingly good.—*Critic and Guide.*

The National Eclectic Medical Association
QUARTERLY

WILLIAM NELSON MUNDY, M.D. . . . . EDITOR.
FOREST, HARDIN COUNTY, OHIO.

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AN OPEN LETTER.

MY DEAR DOCTOR:

I wish I could step into your office and have a short talk with you. I mean the office of every Eclectic in the United States, and especially the members of the National Association. I would ask you many questions—some are these: Are you a member of the State and National Associations? If you are not, why not? If you are, do you attend the meetings? Do you keep in good standing by paying your dues promptly? Do you answer inquiries sent to you by members of the Association? Do you know of any Eclectics who do not belong to these associations that would join if asked to do so? If you do, why don't you get after them and have them join and make our Association stronger? Do you know that unless we get awake and get busy and work together and take a firm stand for our rights that we will have no societies in a short time? It behooves every Eclectic at the present time to spend a little time for the upbuilding of the Eclectic school of medicine, the best that is known at the present day. You can easily take enough time to attend your State meetings this spring, strengthen it at least by your presence, give them your experience and advice and then come to the National at Indianapolis and do the same thing. The busiest physicians in each community attend all the associations. They do it for what they can learn from the ones they meet at these meetings and for the good of the people who are their patients. The community knows this and appreciates it. If you do not believe this try it this year and you will be convinced. Write to or see any you know would join and help all you can. If every member would do his part and do it well, throw all hatred and enmity to the winds and work for what he believed to be the best, our society will grow and become so strong that all opposition will fade, not only in the States but in the United States. I wish it were possible to have the vital statistics of the different

schools of medicine kept separate and published. I am sure our Eclectic friends would astonish the world with their record. I would ask you all about how you use the specific medicines. What a world of wealth there is in them when we know how to use them. And when will we know all the possibilities? We have a large field before us. Much to learn. Our usefulness is not over by any means. There is study for years and years to come. The constitution of the United States guarantees us our rights—will we sit idly by and let our inherent rights be taken from us? I say no. All we need is to get together and stand firm and let the world know that we mean to assert our rights and keep them. Won't you promise me that you will come to Indianapolis this year and help swell the crowd? You will get full value for all the time and money spent.

W. S. Glenn.

PREMEDICAL EDUCATION.

It was our privilege to attend the recent meeting of the Medical Council of the A. M. A. and also of the Confederation of State Medical Boards. The meetings are very instructive and the papers read are of most excellent character and from men well able to present their views. One of the most pleasing things to me was to hear the president of the Council advise a shortening of the time in premedical studies. P. G. Woolley, who has been an apostle of high standards is finally forced to admit that the period of preparation is too long and advocates a shortening by some means. (*Lancet-Clinic*, February 7.) The trouble is the authorities have listened to the whim of every theorist and faddist until the curriculum is overcrowded. It is an absolute impossibility for one mind to grasp the entire field of medicine. A physician is a student as long as he lives. The entire method of attempting to grind all men through the same spigot is pedagogically wrong. It is pleasing to me because I have taken the ground long ago that the time consumed was too long and that our standards were higher than those required in England or Germany. (See Quarterly, Vol. 1, pages 10 and 208.) Our standards call for so many years' work, irrespective of repetitions and takes into account no consideration of ability. In other words the man of ability is placed on the same standard as the mediocre.

Professor Lowell, of Harvard, read a paper in which he spoke rather lightly of the year in German. Every man who has studied German in school or college absolutely knows that one year or even two years does not give him a working or practical knowledge of a modern language.

The all-prevailing cry was that the time consumed is too long, there should be some means of shortening the time consumed between the grades and the completion of a man's work. Where or how is the query? The truth is we have become over enthusiastic or too theoretical and have over-stepped ourselves. Listened too much to theorists, dreamers and demagogues. We have ceased to be practical and as one of the speakers

said, we are making automatons, not physicians. Will the profession ever wake up and look to their own interests and demand some consideration at the hands of our legislators and not permit the "big interests," or "business," to frame all legislation?

Previously we have called attention to the aims of the Carnegie Foundation and the Council of Education of the A. M. A. (QUARTERLY, Vol. III, page 48; Vol. IV, page 366). It is certainly a satisfaction to note that finally others are awakening to a realization of their aims. It is a pleasure to reproduce the following from the *Lancet-Clinic:*

"CONSPIRACY TO DRIVE OUT SMALL COLLEGES.

"Declaring his opinion that several organizations and large colleges have combined with the Carnegie Foundation to drive the smaller medical schools out of existence, and citing Dartmouth as an example where the 'octopus' had done its work, Dean Henry C. Tinkham of the University of Vermont Medical School created a strong impression with his speech vindicating his college at the annual banquet of the Western Massachusetts Alumni Association of that university. A little later President Guy Potter Benton stated that in his mind he had come to the same conclusions as had Dean Tinkham. Dr. Tinkham's views on this subject were:

"'I am very much inclined to believe that there is a conspiracy, and I say it advisedly after much thought that there is a conspiracy on the part of several organizations and on the part of schools, to put the smaller medical schools out of business. It stands to reason that if the smaller colleges close, the students will have to go to Columbia, Yale, New York colleges or elsewhere. Dartmouth has gone through this same experience, and the octopus has practically squeezed out the existence of the Hanover Medical School, in the past two years. I believe that this organization, the fundamental principle of which is the Carnegie Foundation, is trying to put the University of Vermont out of business. When they release stories to the Sunday papers of New York, and, as I have learned, Springfield and other cities, and furnish them with identical texts and identical cuts, there must be something behind it. When they sent out the cuts of the University of Vermont, they sent a picture of the old medical building, now used as a lodging house, and the worst building connected with the University. They felt they ought to have two buildings and they chose the next smallest, a good one and a new one, but small—the agricultural building. I should like to know what noble mind-spirit must have inspired somebody to send out these cuts when we have such good buildings as you know there are on the campus." M.

DOCTORS—BEWARE.

The recent and continuous efforts of the pharmacist to secure legislation prohibiting physicians from dispensing their own remedies is pernicious and dangerous. It might not be so serious in cities where proximity

to a drug store is close and a short delay not hazardous, yet even in the largest cities it would often entail needless suffering and a consequent delay prove serious to the patient. In our smaller towns and in country practice it is absolutely dangerous and is the most pernicious legislation imaginable. Only last night I had a ride of eight miles over rough roads and through snow drifts, to relieve a patient suffering with biliary colic. Had I been compelled to write a prescription and wait for the messenger to return a delay of three or four hours would have been necessitated. True, in this instance I used my hypodermic, yet even the use of our pain-relieving agents are surmounted with useless and senseless precautions. In some of the western states, where villages and cities are far apart and physicians are compelled to rely on their own resources, the legislation is asinine in character. It behooves physicians to pay more attention to legislation inimical to their interests. Watch your legislature until it has adjourned. Half-baked reformers, dreamers and dangerous lobbies are continually alert and legislators are busy in trading and often at the very last moment, even to the time of adjournment legislation is rushed through without adequate consideration or thought. Less time devoted to the elevation of standards and more to the preservation of our rights or privileges would be more conducive to our well being M.

MEDICAL LEGISLATION.

The American people are burdened by legislation. I was tempted to say cursed, and I am not so sure but that the latter would be correct. Our legislators work so industriously that no one can keep pace with their efforts, as a consequence we do not know "where we are." We frequently innocently break the laws. Much of our legislation can justly be called "freak legislation," and actually works a hardship upon the citizenry. Much is contradictory and a considerable portion of it useless, simply embodying the hobby of some theorist, idealist or dreamer. Our sanitary, pure food, hygienic and medical laws are numerous and becoming burdensome and often seriously interferes with the personal rights of the individual. Often the State imposes harsh restrictions upon the individual and fails to do its part. The quarantine laws frequently work needless hardships upon the people, because they are enforced by ignorant and careless officials, yet wisely administered they are designed for the protection of the community. Asexualization of criminals and eugenic laws and marriages are fads, the products of idealists. Legislation will never make debased man pure and a thing altogether lovely. Sociological problems can never be solved by legislation alone, it needs education and that must extend through a long series of years.

Sexual education in our schools should be approached and enforced with discretion. All teachers are not capable of imparting the knowledge properly and legislation will not make them able either. There is some danger in arousing the curiosity of the young in these matters and the

entire subject needs approach in a studied manner. I am not absolutely opposed to these innovations, but I fear too much is being said and done. One can scarcely pick up a newspaper without seeing an article or two on these subjects and our medical journals contain but little else. The stage presents but little else but sexual plays and our moving picture shows appeal constantly to the passions. It is simply being overdone. Since writing the above, a most excellent article on this subject appears in the *Lancet-Clinic* of February 21. It is from the pen of Rev. Francis Heiermann, President of St. Xavier College, Cincinnati. It presents the subject from the viewpoint of the clergy and is a warning of its dangers.

The attempt of our legislators to prohibit the sale of narcotics is not a humane movement. Provision should have been made for the habitues of these drugs. We know of people who have used opium for thirty or more years, who by legislative enactment are to be abruptly deprived of the drug, yet no provision is made for their care. Is it wise legislation? Hardly. It is the work of an over-enthusiastic reformer. The inspectors appointed to enforce these laws are not always overburdened with judgment or fitness. They are picked for political reasons, not ability. I have been informed one was a boiler-maker by trade, before his appointment. We are moving too fast, and attempting to make all men saints by legislative enactments. I am afraid our efforts will be in vain. M.

MEDICAL JOURNALISM.

The writer has been an omnivorous reader of medical journals for nearly a third of a century. They have been of every description, good, bad and indifferent. We flatter ourselves that we have included in our list the best the English language affords. We have frequently propounded the question, if we had not read too many. Among the weekly journals received is the Journal of the American Medical Association. No one questions its scientific value, nor its use as a reference for the news of the medical world, but we fancy many clean-minded, honorable physicians question its policy of blackening the character and questioning the motives of every man or journal who does not measure up to its self-appointed standards of medical morality. It has been a question with me, as a reader, why the profession at large tamely submits to its aspersions upon their character and motives. Why our medical journals, many of which are cleaner editorially, quietly submit to its insults. No one questions that the medical profession has advanced in the past thirty years, but there are many who question whether the attitude assumed by the present editor of the Journal has in any way contributed to the results accomplished. No one who does what he now calls questionable escapes his "billingsgate" wrath. The methods pursued certainly detract from its value as the exponent of scientific medicine and the leading medical weekly of the United States. A higher ideal of manhood and dignity would certainly be more fitting to a journal of its presumed ethical standing. There are several

medical journals cleaner and more dignified than the Journal of the American Medical Association, and which do not assume to themselves the task of being mentor to all others. We would advise its editor to read the twenty-third chapter of Matthew and act accordingly. We know of but one word by which the spirit exhibited by the editor can be described, and that is "contemptible." M.

NEWS AND NOTES.

Arkansas.

Dr. J. F. Barnes has moved from Decatur to Silvian Springs.

Dr. C. H. Parks has removed from Hadry to Trauman.

California.

Dr. Leon Bourgonyon has changed his address to 2111 Park Grove, Los Angeles.

Dr. Sidney A. Goyette has moved from Oakdale to Lookout, Modoc Co.

Dr. Henry G. Pyle has removed from Pasadena to Third and Spring Streets, Los Angeles.

Dr. A. O. Conrad has removed from 517 S. Broadway to the Marsh-Strong Building, Los Angeles.

Dr. C. N. Mosher has removed from Kinsley, Kan., to 560 Ruth Ave., Los Angeles.

Dr. Joseph G. Tomkins has changed his address to 1425 Oxford St., North Berkeley.

Dr. J. A. McKlveen, of Chariton, Iowa, has been spending the winter in Southern California.

Dr. L. A. Perce, Long Beach, broke his wrist cranking his machine.

Delaware.

Governor Miller has reappointed as the State Board of Medical Examiners Drs. Henry W. Briggs and Abram E. Frantz, of Wilmington, and Drs. Edwin S. Anderson and Presley S. Downs, of Dover.

Georgia.

Dr. B. W. Yawn has removed from Macon to Alamo.

John S. Wells, M.D., has removed from Griffin to Arcadia, Fla.

J. L. Robak, M.D., has removed from Conemaugh, Pa., to Jonesboro.

Illinois.

Dr. E. F. Robinson has changed his address to 1363 Washington Blvd., Chicago.

Dr. A. C. Low has moved from Albion to Roslyn, Washington.

Indiana.

Dr. J. S. Rinehart has removed from Powell, Wyoming, to 113½ S. Anderson St., Ellwood.

Dr. E. L. Waite has moved from Gilead to Rochester.

Dr. Bert McWhinney has removed from Richmond to Rushville.

Iowa.

Dr. L. L. Moench has moved from Kilkenny, Minnesota, to Montieth, Iowa.

Kansas.

The annual meeting of the Kansas State Eclectic Medical Association will be held in Kansas City, Kan., June 11 and 12.

A program radically different from and better than anything we have ever had is in preparation. Two men of national reputation have already promised to be here. Begin now to arrange to come, and when you receive notice that you are on the program, get ready to do your part.

W. D. Hunt, of Emporia, is a member of the State Board of Health.

Dr. J. S. Finlaw has removed from Hutchinson to Hotel Ridgeway, Camden, N. J.

Maryland.

A bill creating a board of osteopathic examiners has been passed by the general assembly and signed by the governor.

Massachusetts.

The Boston District Eclectic Medical Society held its annual meeting at the Quincy, Boston, January 26, 1914, Dr. John Perrins presiding. The secretary and treasurer rendered their annual report, showing the society to be in good condition. The officers elected for the following years were, President, Geo. R. Poor, M.D., of Sherborn; Secretary, Pitts Edwin Howes, M.D., of Boston. (Dr. Howes was re-elected for the twenty-sixth time.)

Michigan.

Dr. L. C. M. Conley is located at 2500 Woodward Ave., Detroit.

Dr. Nelson McLaughlin, of Lake Odessa, has been appointed on the Board of Examination and Registration in place of Dr. G. W. Nafe, of Fremont, deceased.

Missouri.

The Eclectics of St. Louis have organized a "Doctors' Club," of which Dr. E. R. Waterhouse was elected president and Dr. A. F. Stephens, secretary.

The Missouri State Board of Health, January 2, re-elected Dr. Jas. A. Adcock, of Warrenburg, as secretary.

The Supreme Court has declared unconstitutional the law providing for tuberculosis hospitals, on account of the irregularity of the tax levy.

Dr. J. E. Calloway, of Chillicothe has retired from practice and is now at Hillsdale, Oregon, R. F. D.

Nebraska.

Dr. Frank Gordon, formerly physician to the Soldiers' Home, has located

at Gering, and Dr. George Gordon has removed from Broken Bow to Sutherland.

Cotner University graduates appear to be successful judging from the number holding official positions. Dr. B. J. Alexander, of Hiawatha, Kansas, is president of the State Board of Health; A. S. Ross, of Sabetha, Kan., president of the State Board of Examiners; B. F. Williams, Lincoln, superintendent of State Hospital for the Insane; W. D. Guttery is also associated with the State Hospital for the Insane; R. H. Spradling is physician to the State Penitentiary; G. H. Charleton, physician to Hastings Asylum; J. F. Spealman, head of the Health Department of Lincoln and Major Surgeon, Hospital Corps; J. D. Case, physician Milford Home for Girls; J. G. Miur, physician to Milford Home for Veterans; S. J. Steward, physician to the Home for Deficient Children.

Dr. Frank Wilmeth has located at Octavia.

New Jersey.

Dr. O. P. Borden has been appointed for the sixth consecutive term as a member of the Medical Examining Board, being first appointed in 1895.

New York.

Dr. James Bernstein has been appointed attending neurologist at the Brooklyn Hospital dispensary.

The Kings County Eclectic Medical Society held its twenty-first annual meeting at the Hof Brau, Brooklyn, February 12. The attendance was the best had in years; twenty-two members answered the roll call when the meeting was called to order. Considering that the entire membership of this society is twenty-seven and that three of the members were sick in bed, it certainly shows enthusiasm and interest. The annual address, delivered by the president, Dr. T. D. Adlerman, subject, "Medical Unionism," was of great interest and is worth reading. It was published in the March issue of the "Eclectic Review." The following officers were elected: President, Dr. T. D. Adlerman; Vice President, Dr. H. Stoesser; Secretary, A. B. Wolf, M.D.; Treasurer, Dr. M. B. Pearlstien. A banquet followed after the scientific part of the meeting. Delegations were present from the New York Eclectic County Society, as well as visitors from Brooklyn. The following essays were read and discussed: "Anesthesia," Milton Strahl, Brooklyn; "My Experience as Life Insurance Examiner," H. Stoesser, New York City.

Governor Glynn has signed the Boylan bill restricting the sale of cocaine and other habit-forming drugs. The bill not only aims to penalize those who sell drugs to victims of the habit, but also endeavors to protect the dealer against those who present false prescriptions by providing that the authority of the prescription must be verified if the prescription calls for more than four grains of morphine, six grains of codein or four drams of chloral. The bill provides for labeling each package with the name and address of the physician under whose name the prescription is sold and

the name of the person for whom it is filled. No drugs may be sold except on prescription, and accurate data concerning amounts on hand and amounts sold must be kept. The bill becomes operative on July 1.

The fifty-fourth annual meeting of the Eclectic Medical Society of the State of New York took place at the City Hall, Albany, March 25, 26, 1914. The attendance was good and the meeting proved to be the most interesting one in many ways. The officers certainly deserve a great deal of credit for the work performed during the year. A number of new members were proposed by the different county societies. The following officers were elected: President, Dr. R. A. Toms, Kenmore, N. Y.; First Vice President, Dr. G. R. Thompson, Luzerne; Second Vice President, D. Alperin, M. D., New York City; Third Vice President, H. J. Terpenning, M.D., Fulton; Secretary and State Organizer, T. D. Adlerman, M.D., Brooklyn; Cor. Secretary, M. B. McDermott, M.D., New York City; Treasurer, M. B. Pearlstien, M.D., Brooklyn. The Secretary and State Organizer Dr. T. D. Adlerman reported an addition of twelve new members as a result of his work the past year. The Society voted funds for the use of the State Organizer in visiting different cities in New York State to obtain new members. There can be no question but this will result in a revival in the interest of the Society and Eclecticism throughout the State. The following essays were read and discussed: "Adenoids," G. E. Holmberg, M.D.; "Prostatic Abscess," G. Allan Rowe, M.D.; "Typhoid Fever," J. H. Terpenning, M.D.; "The Blues Due to Sexual Disturbances," M B. Pearlstien, M.D.; "Lest We Forget," L. Lanzer, M.D.; "The Laboratory in Diseases of the Stomach," Voldemar Sillo, M.D.; "Purpura Hemorrhagica," James Steele, M.D.; "Results Obtained from the Use of Turtle Tubercle Vaccine in the Treatment of Tuberculosis, with Report of Cases," M. Sturm, M.D.; "Inguinal Hernia," W. L. Heeve, M.D.; "Progress in Medicine and Surgery," J. Moran, M.D.; "How to Use a Hypodermic Syringe," Max Meyer, M.D.; "Two Cases from Practice," F. R. Sinclair, M.D.; "Serum Therapy, Its Past, Present, and Future," D. Alperin, M.D.; "The Insanities of Old Age," T. D. Adlerman, M.D.

At the hearing on the McClelland bill which would make legal the work of any person "who ministers to or treats the sick or suffering by mental or spiritual means without the use of any drug or material remedies," more than two thousand Christian Scientists from all parts of this State and many from adjoining States were present. The Christian Scientists stated that in the Medical Practice Act passed in 1907 they had supposed that they were protected by the clause "or the practice of the religious tenets of any church," but as one of their number had been prosecuted and convicted by the medical societies they want the law made so plain that the courts can not misconstrue it. Those who opposed the bill were Dr. J. Richard Kevin, Brooklyn, representing the Kings County Medical Society; Dr. Lewis K. Neff, New York City, of the State Medical Society; Dr.

Abraham Jacobi, New York City; Dr. Joseph J. O'Connell, and Assistant State Commissioner of Education Downing, who insisted that the provisions of the bill are so broad that not only Christian Scientists but spiritualists, clairvoyants, mesmerists, hypnotists and neuropths could practice under it. (The bill was vetoed by Governor Glynn.)

North Carolina.

At a recent meeting of the Tri-State Medical Society of the Carolinas and Virgina, Dr. E. C. Register, who has been editor of the well-known Charlotte Medical Journal for twenty-five years, was elected president.

Ohio.

Dr. Orville J. Heindel has located at Youngstown.

Dr. James Hays, of Dayton, has retired from practice after fifty years active work.

Dr. Paul A. Murr has removed from Mt. Auburn to Galion where he has purchased the hospital and practice of Dr. Starner.

Dr. H. M. Beebe removed from Sidney to Ann Arbor where he will become professor of surgery in the Homeopathic Department.

The Southwestern Ohio Eclectic Medical Association met in Newport, Ky., April 1. The essayist was Dr. Frank Locke, "Drug Addictions."

During January more than 850 cases of smallpox were reported to the State Board of Health. The northwestern and southeastern portions of the State have suffered the most. Factors which have operated to increase the spread are the extreme mildness of the cases, the fact that vaccination has not been generally enforced in Ohio since 1903, and the inefficiency of certain local health organizations. There have been several cases thought to have had "variola sine eruptione," and one in which only eight scattered pustules could be found. February reports do not indicate much decrease in the number of cases reported. The various local health organizations are being urged to take every precaution; and inspectors of the State Board of Health are advising with health officers of villages and townships whenever occasion demands. Only four deaths were reported in January from smallpox. This illustrates better than any description the mild nature of the disease.

Oklahoma.

The assistant attorney-general has ruled that it is not necessary for the State Board of Medical Examiners to go into court for the purpose of revoking licenses for the practice of medicine in the State.

M. Gray has removed from Twinersville, Texas, to Mountain View.

The State Board of Education on recommendation of the president of the Oklahoma University, has recommended that the State Hospital, Oklahoma City, be opened to all reputable practitioners of medicine.

Texas.

Dr. P. H. Mitchell, of Crisp, has been appointed local surgeon for the Texas Midland R. R.

Dr. G. N. White has removed from Glazier to Higgins.

Virginia.

This State has finally repealed the special license tax physicians were compelled to pay. This tax was certainly an example of iniquitous legislation.

West Virginia.

Dr. A. C. Lambert has moved from Windfield to 154 Court St., Charleston, where he opened Grace Hospital.

D. Edwin Morgan, M.D., has removed from Morgantown to 913 York St., Newport, Ky.

Wisconsin.

Dr. George C. Ruhland, city bacteriologist of Milwaukee, has been appointed health commissioner; Vice, Dr. Frederick A. Kraft. Dr. Kraft expects to spend several months in Europe.

Wyoming.

Dr. Wilber K. Myler has located at Cheyenne.

Dr. J. S. Rhinehart has removed from Powell to 113½ S. Anderson St., Ellwood, Ind.

Miscellaneous.

Deaths from Neosalvarsan in Los Angeles.—The newspapers having reported a number of deaths in Los Angeles from neosalvarsan, we telegraphed our correspondent in that city asking for full particulars. He replied that seven deaths had occurred in the hospital within two days following injection, and that another patient was likely to die; that two theories had been advanced regarding the cause of these deaths: (1) That the ampule which was used and which was covered by paper may have been cracked, and this crack being covered by paper not observed, so that the neosalvarsan was open to oxidation, and thus became changed; (2) that the syringe may have been defective, and this gave rise to changes in the solution; that the remaining ampules of neosalvarsan have been analyzed and are stated to be in good condition. An autopsy report of one of the cases was made by Dr. Stanley P. Black, which showed a somewhat congested spinal cord with marked distention of the blood-vessels and softening of the posterior columns. "Anatomic diagnosis: syphilis of the lung and liver, beginning pneumonia of the right and left lung, pyelonephrosis of the right kidney, irritation, possibly inflammation of the posterior columns of the spinal cord. From the autopsy findings and the clinical history it was concluded that the cause of death was an irritation of the spinal cord as the result of the injection of neosalvarsan intraspinally." The statement of Dr. A. T. Charlton, who treated the patients, is as follows:

"I first drew off a small quantity of blood from each patient and then removed the clot, leaving a serum with which I mixed a salt solution and the two tubes of neosalvarsan. I then heated mildly and placed in hermetically sealed tubes and placed on ice for twenty-four hours. After

another twenty-four hours it was administered in graduated syringe, some of the patients receiving a greater dosage than others. Harry Lane, the surviving patient, received the first and largest amount of the injection. All injections were intraspinally."

The method of preparing the neosalvarsan and serum is not the Swift and Ellis method, in which the neosalvarsan is injected intravenously and the blood withdrawn after an hour, defibrinated and the serum containing neosalvarsan used for intraspinous injection. In this instance, it seems that the neosalvarsan was added to the serums after withdrawal, together with salt solution, the mixture heated and put away on ice and injected the following day. The coroner has stated that he will turn over all his information to the district attorney with a recommendation for the grand jury investigation.

MARRIAGES.

Dr. J. E. Callaway to Mrs. Emily E. Lane, March 18, 1914, at Portland, Oregon.

Dr. Frederic Estabrook Elliott to Miss Merle Marie Stephens. At home, 232 Seventy-seventh St., Brooklyn, N. Y.

Dr. Harry S. Monroe, of Wind Ridge, Pa., to Miss Nellie E. Durbin.

Dr. Charles Gregory Smith to Miss Mabel L. Douglass, January 10, 1914, both of Cincinnati.

OBITUARIES.

Bainbridge, James A., Eclectic Medical Institute, Cincinnati, 1864, of Lathrop, Cal., at the home of his daughter, in Redwood, Cal., April 5, aged eighty-one.

Baker, Vincent A., Syracuse Medical College and Eclectic Medical College of the City of New York. A charter member and past president of the National Eclectic Medical Association, at his home in Adrian, Mich., March 21, 1914, aged eighty-two.

Blanchard, Alba B., Eclectic Medical Institute, Cincinnati, 1882, at his home in Creston, Ill., October 28, aged sixty-five.

Brittain, William Clark, Eclectic Medical Institute, Cincinnati, 1873, at his home in Cochranton, Pa., January 30, aged sixty-four.

Clay, Mark T., Indiana Eclectic Medical College, Indianapolis, 1886, member of the Arkansas State and National Eclectic Medical Association, of Little Rock, Ark., January 15, aged fifty-eight.

Cory, J. H., Eclectic Medical College of the City of New York, 1878, member of the Illinois State and National Eclectic Medical Association, at his home in Geneva, Ill., March 25, aged sixty-two.

Dunn, Elisha C., American Eclectic Medical College, 1888, at one time secretary of legation at Constantinople, at his home in Rockford, Ill., March 23, aged seventy-four.

Fairex, Richard D., St. Louis Eclectic Medical College, 1882, in New Orleans, La., January 18, aged sixty-one.

Flagg, Eldridge D., Eclectic Medical Institute, Cincinnati, 1880, at his home in Perry, Kansas, February 12, aged sixty-one.

Forbush, Albert Waldo, Eclectic Medical College of the City of New York, 1881, at his home in Sommerville, Mass., March 22, aged sixty.

Hawley, William H., Eclectic Medical College of the City of New York, 1851, at his home in Penn Yan, N. Y., March 29, aged eighty-nine.

Holmberg, Gustave Edward, Eclectic Medical College of the City of New York, 1906, member of the New York State and National Eclectic Medical Association, at his home in Peekskill, N. Y., February 18, aged forty-three.

Hougham, John S., Eclectic Medical Institute, Cincinnati, 1869, at his home in Perkinsville, Ind., January 6, aged seventy-four.

Jordon, Michael A., Eclectic Medical Institute, Cincinnati, 1878, of Logansport, Ind., at Johns Hopkins Hospital, December 13, aged fifty-eight.

Karbach, William, Eclectic Medical University, Kansas City, 1906. Member of the Kansas State and National Eclectic Medical Association, professor of general pathology in the Western Eclectic Medical College of Medicine and Surgery, Kansas City, Kan., at his home in Kansas City, Kan., January 22, aged fifty-one.

McFatrick, James Burton, Bennett Medical College, Chicago, 1884, at his home in Chicago, April 26, aged fifty-two.

Melton, Lewis V., Hospital Medical College, Atlanta, Ga., 1909, at the home of his father in Chesterfield, S. C., January 4.

Meredith, Samuel G., Eclectic Medical Institute, Cincinnati, 1885, professor of diseases of children in the Eclectic Medical University, Kansas City, at his home in Cowgill, Mo., February 20, aged sixty-two.

Moore, William B., Georgia College of Eclectic Medicine and Surgery, Atlanta, Ga., 1881, at Macon, Ga., February 25, aged fifty-eight.

Nafe, George W., Eclectic Medical College of the City of New York, at his home in Fremont, Mich., February 24. Dr. Nafe was a member of the Michigan State and National Eclectic Medical Association and a member of the State Board of Registration and Examination.

Outland, Warren H., Eclectic Medical Institute, Cincinnati, 1873, at his home in Bellefontaine, Ohio, January 24, 1914, aged seventy-two.

Pierce, Ray Vaughn, Eclectic Medical Institute, Cincinnati, 1865, of Buffalo, N. Y., at St. Vincent, Fla., February 3, aged sixty-four.

Pilcher, Belle Page, Eclectic Medical University, Kansas City, Mo., 1904, at the home of her parents in Winfield, Kan., January 29.

Rutherford, Comfort E., Eclectic Medical Institute, Cincinnati, 1886, at his home in Peru, Ind., November 17, 1913, aged eighty-two.

Satterfield, Levi D., Eclectic Medical Institute, Cincinnati, 1852, in San Diego, Cal., February 11, aged eighty-one.

Shrout, William T., Eclectic College of Physicians and Surgeons, Indianapolis, 1891, at his home in Waldron, Ind., March 28, aged sixty-eight.

Spears, Philip Benton, Georgia College of Eclectic Medicine and Surgery, Atlanta, 1891, at his home in Florida, Ala., January 12, aged sixty-one.

Storlie, Knud Christopherson, Bennett Medical College, 1896, at his home in Coon Valley, Wis., December 29, aged forty-five.

Thomas, Samuel C., Eclectic Medical Institute, Cincinnati, 1858, at his home in Milroy, Ind., April 8, aged eighty-one.

Turner, William S., Eclectic Medical Institute, Cincinnati, 1884, a former president and for several years secretary of the Ohio State Eclectic Medical Association, and member of the National Eclectic Medical Association, at his home in Newark, Ohio, February 12, aged fifty-three.

BOOK REVIEWS.

Specific Diagnosis and Specific Medication. By John William Fyfe, M.D., formerly professor of Specific Medication in the Eclectic Medical College of the City of New York, author of the "Essentials of Modern Materia Medica and Therapeutics." A thorough work on specific medication, embodying specific diagnosis and specific medication, by the late John M. Scudder, M.D. Second edition. John K. Scudder, publisher, Cincinnati, Ohio, 1914.

To those familiar with the writings of the late Prof. J. M. Scudder, this book needs no introduction. To those not familiar with them the best we can say is, purchase this book and become familiar. Its pages will teach you certainty and practicability in the practice of medicine. The author has, as he says, taken the two books mentioned, "Specific Diagnosis" and "Specific Medication," and, using them as his basis, built the present book of nearly eight hundred pages. He has brought it up to its present shape by thoughtful work and revision, and thus embodies "specific medication" as it is now practiced, not only by Eclectics, but by many not classified as such. A perusal of its pages will repay anyone, whether student or practitioner. We commend this volume to our readers and to all who wish to study "specific medication." M.

Case Histories in Pediatrics. A collection of histories of actual patients selected to illustrate the diagnosis, prognosis and treatment of the diseases of infancy and childhood, with an introductory section on normal development and physical examination.
By John Lovett Morse, A.M.,

colleges, and the questions submitted by our examining and licensing boards amplify this dearth of knowledge, yet it is one of the most important branches of medicine; as Jacobi has said, "the constructive branch." Why, then, does it occupy so insignificant a place in the curriculum? We have derived much pleasure and profit from a perusal of its pages and we commend it to our readers as an aid to their every-day work. M.

The Intervertebral Foramen. An atlas and histologic description of an intervertebral foramen and its adjacent parts. By Harold Swanberg, member American Association for the Advancement of Science, with an introductory note by Prof. Harris E. Santee. Illustrated by sixteen full-page plates, none of which have ever before appeared in print. Chicago Scientific Publishing Co., Chicago, Ill. Price, $3.00, postpaid.

This is purely a scientific description of an intervertebral foramen, as its names indicates. It is essentially histological and not pathological in any sense.

The Treatment of Rheumatic Infections. Press of Parke, Davis & Company. This is a brochure by this firm describing phylacogens and their use in rheumatic infections. M.

Bulletin 1. Eclectic Medical University and Jackson County Eclectic Medical Society (Inc.), Kansas City, Mo., March, 1914. Price, 25 cents.

This bulletin contains some original articles, a translation from the Italian on pellagra, as well as some college notes. It is a good appearing booklet.

A History of Laryngology and Rhinology. By Jonathan Wright, M.D., director of the Department of Laboratories, New York Post-Graduate Medical School and Hospital. Second edition, revised and enlarged. Octavo, 357 pages, illustrated. Cloth, $4.00, net. Lea & Febiger, Philadelphia and New York, 1914.

A proper review of this book is not possible without a careful perusal of all its pages, consequently our spare moments have been employed in reading it. The history of medicine is not only instructive, but interesting as well, and one will often wonder when reading it how near the truth our forefathers were, notwithstanding all our boasted scientific methods of the [illegible]tion often presents itself to one, Are we not becoming [illegible]methods? Has not the average physi-

duction as in the manufacture of ...

catalogue. It is a descriptive catalogue in the truest sense, telling you just what you will find in their books, and showing you by specimen cuts, the type of illustrations used. It is really an index to modern medical literature, describing some 250 books, including thirty new books and new editions. A postal sent to the W. B. Saunders Company, Philadelphia, will bring you a copy—and you should have one.

NEW NATIONAL SOCIETY PIN.

The Special Committee appointed at the Dallas meeting, consisting of J. Paul Harvill, W. N. Mundy and J. K. Scudder, have procured a new National pin in the shape of a button, of which this is a good illustration:

Solid gold and enameled front, with screw back. These will be on sale at Indianapolis, June 16 to 19, or they can be procured by mail on sending $1.00 to J. K. Scudder, 630 West Sixth Street, Cincinnati.

ECLECTIC MEDICAL COLLEGE.

The following graduates of the Eclectic Medical College, Class of 1914, have been appointed as resident internes in the following hospitals, by competitive examination: William A. Lieser to the Metropolitan Hospital, New York City; Carl M. Hazen and J. Harvill Hite to the Cumberland Street Hospital, Brooklyn, N. Y.; Warren L. Hulse to Grace Hospital, Detroit, Mich.; J. Earl Holman, Zeph. H. Ballmer and Byron H. Nellens to St. Mary's Hospital, Cincinnati; Neil E. Taylor and Francis J. Abt to Seton Hospital, Cincinnati; L. Lowry McHenry to Bethesda Hospital, Cincinnati.

Lloyd's Reagent—Colloidal Hydrous Aluminum Silicate.

History: The qualities of this substance in hydrated, colloidal form as an alkaloidal attractive, were discovered in 1910 by John Uri Lloyd. The substance was for a long time a subject for personal laboratory

American Pharmaceutical Association, in Nashville, August, 1913, thus bringing the reagent before the pharmaceutical profession at large.

ORIGIN: Various forms of clay or natural aluminum silicates. Some of these, in their crude condition, possess more or less alkaloidal affinities (usually very slight), Lloyd's reagent being prepared from a selected quality of a natural Hydrous Aluminum Silicate.

QUALITIES: When added to solutions of alkaloidal salts in water, especially if the solution be slightly acid, the alkaloid is precipitated in aluminum silicate combination. This applies likewise to the natural alkaloid compounds investigated to date. As exceptions appear (if any) scientific data concerning same will be presented the professions interested. An important feature is the fact that this reagent being practically insoluble, an excess does not contaminate the liquid.

ELECTIVE VARIATIONS: The affinities of different alkaloids with this reagent vary greatly, as is shown by the following list of a few that are important. In this connection it may be said that our aim is to direct on the label the use of an ample excess allowance of the reagent, which is made slightly acid to favor quick alkaloidal separation.

ENERGY OF THIS REAGENT WITH SOLUTIONS OF DIFFERENT ALKALOIDS.

1 Gramme Cocaine Hydrochloride requires of Reagent about 10 Grammes.
1 Gramme Strychnine Sulphate requires of Reagent about 10 Grammes.
1 Gramme Cinchonine Sulphate requires of Reagent about 10 Grammes.
1 Gramme Cinchonidine Sulphate requires of Reagent about 10 Grammes.
1 Gramme Quinine Bisulphate requires of Reagent about 8 Grammes.
1 Gramme Atropine Sulphate requires of Reagent about 8 Grammes.
1 Gramme Brucine Sulphate requires of Reagent about 7 Grammes.
1 Gramme Codeine Sulphate requires of Reagent about 5 Grammes.
1 Gramme Morphine Sulphate requires of Reagent about 4 Grammes.

SUGGESTED EXPERIMENT: Dissolve one gramme bisulphate of quinine in 400 c.c. distilled water, slightly acidulated with dilute sulphuric acid.

Add ten grammes Lloyd's Reagent, shake well together, and filter. The filtrate will give no reaction with Mayer's test for alkaloids.

RECOVERY OF ALKALOIDS: The colloidal magna yields its alkaloid to ammoniated chloroform (morphine being naturally an exception). In one case where the alkaloid was not thus liberated from the perfectly dry powder, the addition of water at once accomplished the desired result. Water is therefore (sometimes) necessary.

SCIENTIFIC INVESTIGATION: In the furthering of scientific investigation both Eli Lilly & Company and the discoverer of this reagent are a unit in their desire to render all possible service. All inquiries for experimental supplies should be addressed to Eli Lilly & Company, at the Home Office at Indianapolis, where, under special arrangements favoring investigators, they will receive prompt attention.

The sole manufacturing rights, and the control (protected by patents) of both the reagent and its compound, are held by Eli Lilly & Company. The commercial products other than the reagent itself will be known under the trade-mark term ALCRESTA.

In this connection it may be briefly stated that the compounds of this reagent possess peculiar properties, of interest to therapeutists, pharmacists and manufacturers of alkaloidal compounds, but this phase of the subject is foreign to the purpose of this announcement, which is designed only to present briefly the facts herein recorded and to further scientific alkaloidal research.

JOHN URI LLOYD.

NEW APPLICATIONS FOR MEMBERSHIP APRIL 1 TO MAY 21, 1914.

NEW YORK.

Bankowsky, A. A.....409 East 82d Street, New York City.
Bower, S. W.....Buffalo
Burris, J. E.....38 West 94th Street, New York City.
Cowles, M.....355 West 57th Street, New York City.
Cohen, L.....254 Madison, New York City.
Goldsmith, J.....2 West 115th Street, New York City.
Genn, A.....87 Henry Street, New York City.
Johnen, R.....875 Cauldwell Ave., New York City.
Lamberti, L.....161 West 34th Street, New York City.
Liebenstein, J.....122 Lexington Ave., New York City.
Liebstein, M.....211 Henry, New York City.
Minkoff, M.....30 Rutger, New York City.
Pitkin, F. A.....34 Richlawn Ave., Buffalo.
Watson, J. H.....175 Norwood Ave., Buffalo.

OHIO.

Sickles, F. D.....Toledo.

TEXAS.

Dodge, S. T.....Corpus Christi.

ATTENTION, MEMBERS!

Every member of the National should attend this year and every member should secure a new member and see that he or she is present. This is vital, much more so than you think. Come and learn the reason and help to perpetuate the Eclectic methods of selecting positive remedies according to the symptoms present. This is the best scientific method of treating the sick.

W. S. GLENN, M.D.

THE NATIONAL ECLECTIC MEDICAL ASSOCIATION.

Indianapolis, Ind., June 16, 17, 18 and 19, 1914.

Headquarters, Hotel Severin.

OFFICERS.

President—W. S. Glenn, M.D., State College, Pa.
First Vice-President—Rosa B. Gates, M.D., Waco, Texas.
Second Vice-President—W. E. Daniels, M.D., Madison, South Dakota.
Third Vice-President—Orlando S. Coffin, M.D., Indianapolis, Ind.
Recording Secretary—William P. Best, M.D., Indianapolis, Ind.
Corresponding Secretary—W. N. Mundy, M.D., Forest, Ohio.
Treasurer—E. G. Sharp, M.D., Guthrie, Okla.

COMMITTEES.

Committee on Press and Publication—Chairman, Richard J. Lambert, M.D., St. Charles, Ill.; Pitts Edwin Howes, M.D., Boston, Mass.; A. E. Teague, M.D., Indianapolis, Ind.

Committee on Necrology and History—Chairman, H. W. Felter, M.D., Cincinnati, Ohio; C. E. Laws, M.D., Ft. Smith, Ark.; F. W. Abbott, M.D., Taunton, Mass.

Committee on Legislation—Chairman, H. Ford Scudder, M.D., Los Angeles, Cal.; M. M. Harvill, M.D., Nashville, Tenn.; E. F. Cook, M.D., St. Joseph, Mo.

Committee on Credentials—Chairman, B. W Mercer, M.D., Tiffin, Ohio; Mareva D. Brown, M.D., DeKalb, Ill.; O. C. Baird, M.D., Chanute, Kansas.

Committee on Grievances—Chairman, T. D. Adlerman, M.D., Brooklyn, N. Y.; G. T. Severs, M.D., Centerville, Iowa; G. W. D. Patterson, M.D., Atlanta, Ga.

Committee on Finance—Chairman, J. C. Mitchell, M.D., Louisville, Ky.; F. L. Hosman, M.D., Indianapolis, Ind.; M. V. Hazen, M.D., Titusville, Pa.

Committee on Conference with the Homeopaths—Chairman, G. W. Thompson, M.D., New York, N. Y., R. L. Thomas, M.D., Cincinnati, Ohio; J. P. Harvill, M.D., Nashville, Tenn.; J. K. Scudder, M.D., Cincinnati, Ohio; F. L. Wilmeth, M.D., Lincoln, Neb.

Committe on Arrangements and Entertainment—Chairman, F. L. Hosman, M.D., Indianapolis, Ind., 1325 E. 23d Street; Vice-Chairman, J. H. Hauck, M.D., Terre Haute, Ind.; Q. R. Hauss, M.D., Sellersburg, Ind.; J. D. McCann, M.D, Monticello, Ind.; C. E. McKee, M.D., South Bend, Ind.; G. C. Winter, M.D., Indianapolis, Ind.; J. K. Scudder, M.D., Cincinnati, Ohio, treasurer; F. Ellingwood, M.D., Chicago, Ill.; Geo. C. Porter, M.D., Linton, Ind.

Committee on Emblem—Chairman, W. N. Mundy, M.D., Forest, Ohio; J. K. Scudder, M.D., Cincinnati, Ohio; J. P. Harvill, M.D., Nashville, Tenn.

NATIONAL COMMITTEES.

Committee on Organization—Chairman, W. N. Mundy, Forest, Ohio.
Alabama—J. W. Daniel, Midland City.
Arizona—G. F. Manning, Flagstaff.
Arkansas—Samuel G. Boyce, Little Rock.
California—H. Ford Scudder, Los Angeles.
Colorado—Geo. H. Candlin, Eaton.
Connecticut—T. S. Hodge, Torrington.

Delaware—J. Lippincott, Wilmington.
District of Columbia—Geo. MacDonald, Washington.
Florida—E. K. Whidden, Punta Gorda.
Georgia—G. W. D. Patterson, Atlanta.
Idaho—H. E. Snyder, Stites.
Indiana—F. L. Hosman, Indianapolis.
Illinois—R. J. Lambert, St. Charles.
Iowa—L. E. Eslick, Rockwell City.
Kansas—O. C. Baird, Chanute.
Kentucky—Lee Strouse, Covington.
Louisiana—A. C. Wilkins, Jennings.
Maine—A. Fossett, Portland.
Maryland—G. W. Fisher, Baltimore.
Massachusetts—Pitts Edwin Howes, Boston.
Michigan—J. E. C. Waddington, Detroit.
Missouri—Emmett F. Cook, St. Joseph.
Montana—W. H. English, Anaconda.
Nebraska—Amy Robinson, Hastings.
New Hampshire—Lillian G. Bullock, Manchester.
New Jersey—G. E. Potter, Newark.
New Mexico—J. E. Manney, Tucumcari.
New York—T. D. Adlerman, Brooklyn.
Nevada—C. A. Hascall, Fallon.
North Dakota—E. A. Converse, Mott.
Ohio—J. K. Scudder, Cincinnati.
Oklahoma—Frank P. Davis, Enid.
Oregon—H. L. Henderson, Astoria.
Pennsylvania—W. A. Burnell, Wilkes-Barre.
Rhode Island—D. L. Powe, Providence.
South Carolina—J. W. Johnston, Savage.
South Dakota—W. P. Collins, Howard.
Tennessee—John O. Cummins, Nashville.
Texas—H. H. Blankmeyer, Aransas Pass.
Utah—G. M. Chandler, Salt Lake City.
Vermont—H. N. Waite, Johnston.
Virginia—L. R. Bennett, Norfolk.
Washington—J. W. Cosford, Spokane.
West Virginia—J. A. Monroe, Wheeling.
Wisconsin—F. C. Haney, Watertown.
Wyoming—Jay Smith, Glen Rock.

AMENDMENTS OFFERED.

Article 111, of the constitution, to be amended in last line by substituting the word "Two" for Three, so that when amended it will read as follows: Those uniting from States where there is no State Medical Society, the annual per capita tax shall be Two Dollars.

Section 11, of Article 1, of the By-Laws, when amended, will read as follows:

Each Eclectic Medical Society that is a member of this Association is entitled to send names of new members at any time to this Association. Credentials shall set forth his or her academic rank, the institution from which and the year in which he or she received the degree of Doctor of Medicine, and time during which he or she has been engaged in the practice; also the applicants presenting credentials as above, from States where there is no State Eclectic Medical Society, may, when recommended

by the Committee on Credentials, be elected to membership in this Association, and their per capita tax shall be Two Dollars.

Article 11, Section 1, of the By-Laws will read, amended, as follows:

State Eclectic Medical Societies that are members of this Association shall, after the first year, pay a fee of Two Dollars as annual dues per each member in good standing in said society, which shall be forwarded to the secretary of this Association. Persons who reside in States where there is no State Eclectic Medical Society shall pay Two Dollars as annual dues, to be remitted to the Secretary of this Association.

Past presidents and other worthy members of this Association may, by a two-thirds vote at an annual session, be exempt from the payment of annual dues, but not from the duty of annually reporting place of residence, and member so exempted shall be designated as "Exempt members." Also members of State societies that are members of this Association, who are exempted from dues in their State society, shall also be exempted from dues in this Association, but all "exempt members" who desire the National Eclectic Medical Association Quarterly must pay the subscription price of One Dollar, annually, as the postal laws require.

Program.

TUESDAY, JUNE 16, 1914, 9:30 A. M.

Invocation—Rev. Allen B. Philputt, Indianapolis, Ind.
Address of Welcome—Hon. Joseph E. Bell, Mayor of Indianapolis.
Address of Welcome—J. H. Hauck, M.D., Terre Haute, Ind.
(President of Indiana State Eclectic Medical Society.)
Response—R. L. Thomas, M.D., Cincinnati, Ohio.

BUSINESS SESSION.

Calling roll of officers.
Calling roll of States for formation house of delegates.
Approval of minutes of previous meeting.
Report of recording secretary.
Report of corresponding secretary.
Report of treasurer.
Report of business manager of Quarterly.
Report of standing committees.
Report of special committees.
Appointment of new committees.
Miscellaneous or new business.

TUESDAY, 2:00 P. M.

President's Address—W. S. Glenn, M.D.

BUSINESS SESSION.

SECTION 1—PRACTICE.

President.....E. J. Latta, M.D., Kenesaw, Neb.
Vice-President.....R. J. Lambert, M.D., St. Charles, Ill.
Secretary.....B. W. Mercer, M.D., Tiffin, Ohio.

1. Treatment of Chronic Nephritis..H. P. Hauss, M.D., New Albany, Ind.
2. Syphilis and its early Treatment..M. H. Waldron, Naugatuck, W. Va.
3. Venereal Diseases, The Doctor and the Laity.....V. E. Duren, Hot Springs, Ark.
4. Acute Articular Rheumatism..W. W. Wimer, M.D., Honey Grove, Tex.
5. Recurrent Tonsillitis.....M. F. Bettencourt, M.D., Mart, Texas.
6. Hemophilia.....M. S. Canfield, M.D., Frankfort, Ind.

7. Some small things that go to make a Success in Practice.....W. E. Daniels, M.D., Marison, S. Dakota.
8. Snap Diagnosis.....Benj. E. Dawson, M.D., Kansas City, Mo.
9. Pneumonia, Complications and Treatment.....F. J. Neifer, M.D., South Bend, Ind.
10. Treatment versus Prevention of Disease.....Chas. N. Brown, M.D., Fairmont, Ind.
11. Abortion of Pneumonia.....F. Kahlenberg, M.D., New York, N. Y.
12. The National Curse.....Brose Horne, M.D., Gas City, Ind.
13. Diet as a Factor in the Etiology of Disease....J. C. Mitchell, M.D., Louisville, Ky.
14. Smallpox and its Treatment.....J. R. Barry, M.D., Custerville, Mo.
15. Varicella in Adults.....Wm. P. Best, M.D., Indianapolis, Ind.
16. Cerebro-Spinal Meningitis.....Geo. C. Porter, M.D., Linton, Ind.
17. Unannounced.....Pearl H. Tatman, M.D., Eureka Springs, Ark.
18. Unannounced.....Charles Woodard, M.D., Chicago, Ill.
19. Neurasthenia.....P. L. Lathrop, M.D., Olathe, Kan.
20. Round Table.....Finley Ellingwood, M.D., Chicago, presiding.

WEDNESDAY, JUNE 17, 9 A. M.

BUSINESS SESSION.

SECTION II—SURGERY.

President—E. B. Shewman, M. D.....Cincinnati, O.
Vice-President—W. N. Ramey, M.D.....Lincoln,Neb.
Secretary—W. N. Holmes, M.D.....Sharps, Fla.

1. Empyema.....H. H. Helbing, M.D., St. Louis, Mo.
2. Perforative Ulcers of the Stomach.V. Millasich, M.D., Galveston, Tex.
3. Unannounced.....E. G. Sharp, M.D., Guthrie, Okla.
4. A Periscope on some Difficult Fractures, the Hip, Shoulder, Radius and Patella.....E. Younkin, M.D., Villa Ridge, Mo.
5. Spina Bifida and Hydrocephalus.....Richard J. Lambert, M.D., St. Charles, Ill.
6. Stricture of the Male Urethra.....G. A. Hinton, M.D., El Paso, Tex.
7. The Injection Method of Treating Hemorrhoids....G. S. Pettit, M.D., Muskogee, Okla.
8. Hydrocele.....G. Helbing, M.D., Dallas, Tex.
9. Conservative Surgery.....M. C. Nixon, M.D., Smith Villa, Ark.
10. Rubber-dam, as Drainage.....G. Boyer, M.D., Little Rock, Ark.
11. Circumcision vs. Venereal Disease.....J. M. Lee, M.D., Oklahoma City, Okla.
12. Doubtful Line.....F. L. Wilmeth, M.D., Lincoln, Neb.
13. Case of Chorio-Epithelioma.....W. N. Ramey, M.D., Lincoln, Neb.
14. Inguinal Hernia.....V. P. Wilson, M.D., Cincinnati, O.
15. Surgery of the Appendix.....J. W. Kannell, M.D., Bucyrus, O.
16. Appendicular Abscess.....W. Clay Jones, M.D., Kenton, O.
17. Gallstones.....B. K. Jones, M.D., Kenton, O.
18. Surgical Diagnosis and Treatment of Typhoid perforations..J. Stewart Hagen, M.D., Cincinnati, O.
19. Position of Patient upon Operating Table.....W. L. Heeve, M.D., Brooklyn, N. Y.
20. Pelvic Abscess.....A. P. Hauss, M.D., New Albany, Ind.
21. Gastric and Duodenal Ulcer.....O. S. Coffin, M.D., Indianapolis, Ind.
22. Colles' Fracture.....E. S. Spindel, M.D., Springfield, Ill.
23. Circumcision.....V. E. Duren, M.D., Hot Springs, Ark.
24. Lane's Kink.....F. M. Andrus, M.D., Lincoln, Neb.

25. Circumcision as a Therapeutic and Prophylactic Measure.....B. E. Dawson, M.D., Kansas City, Mo.
26. Some Orificial Experiences.....H. Michener, M.D., Wichita, Kan.
27. Hemorrhoids.....M. M. Hamlin, M.D., St. Louis, Mo.
28. Round Table.....L. E. Russell, M.D., Cincinnati, O., presiding.

WEDNESDAY, 2:00 P. M.
BUSINESS SESSION.
SECTION III—OBSTETRICS.

President—J. D. McCann, M.D.....Monticello, Ind.
Vice-President—Nannie M. Glenn, M.D.....State College, Pa.
Secretary—Oran Newton, M.D.....Long Beach, Cal.

1. Points from Twenty Years in Obstetrics.....J. Paul Harvill, M.D., Nashville, Tenn.
2. Face Presentation.....J. M. Wells, M.D., Vanceburg, Ky.
3. Everyday Work in Obstetrics...Florence T. Truax, M.D., Atlanta, Ga.
4. Some Facts in Obstetrical Practice...Geo. W. Holmes, M.D., Sharps, Fla.
5. Asepsis and Conduct of Labor....W. F. Smith, M.D., Huntington, Ind.
6. Twins.....B. W. Mercer, M.D., Tiffin, O.
7. The Second Stage of Labor....M. F. Bettencourt, M. D., Mart, Texas.
8. The Sane Conduct of Labor.....Chas. J. Hemminger, M.D., Rockwood, Pa.
9. Hints that will help the Obstetrician.....J. R. Spencer, M.D., Cincinnati, Ohio.
10. Vomiting During Pregnancy.....Thos. Bowles, M.D., Harrison, O.
11. Pituitrin.....Nannie M. Glenn, M.D., State College, Pa.
12. Two Years Obstetrical Experience in General Practice....Richard J. Lambert, M.D., St. Charles, Ill.
13. Puerperal Eclampsia.....Wm. P. Best, M.D., Indianapolis, Ind.
14. The Nervous System in Pregnant Women.....C. A. Tindal, M.D., Shelbyville, Ind.
15. Management of a Normal Labor after Birth of Child..Janet D. Quinn, M.D., Newport, Ky.

Program for the Secretaries' conference and dinner at the National Eclectic Medical Society meeting, at Indianapolis, Indiana, Wednesday evening, June 17, 1914.

1. Election of Temporary Officers.
2. The Secretary.....Richard J. Lambert, M.D., St. Charles, Ill.
3. Pleasures of the State Secretary.....Emmett F. Cook, St. Joseph, Mo.
4. The Keeping of Records.....F. L. Hosman, M.D., Indianapolis, Ind.
5. The Secretary's Part in the Organization of the National, How He can Aid.....T. D. Adlerman, M.D., Brooklyn, N. Y.
6. Troubles of the State Secretary....O. C. Baird, M.D., Chanute, Kan.
7. The State Society's Official Journal, An Aid to Securing New Members.....Pitts Edwin Towes, M.D., Boston, Mass.
8. Election of Permanent Officers.
9. Appointing of the Committees by the Permanent President.
   Rules and regulations of nominating committee, program committee.

THURSDAY, JUNE, 18, 9:30 A. M.
BUSINESS SESSION.
SECTION IV—MATERIA MEDICA.

President—Benj. L. Simmons, M.D.....Granville, Tenn.
Vice-President—Frank Webb, M.D.....Bridgeport, Conn.
Secretary—Allen Bush, M.D.....Morgantown, W. Va.

1. Dispensing.....Richard Jay Lambert, M.D., St. Charles, Ill.

2. The Treatment of Pneumonia..W. O. Bunnell, M.D., Wilkesbarre, Pa.
3. Specific Medication and Specific Diagnosis.....J. M. Hite, M.D., Nashville, Tenn.
4. Patents and Proprietaries.....J. J. Sutter, M.D., Bluffton, Ohio.
5. Hemophilia.....M. S. Canfield, M.D., Frankfort, Ind.
6. Progress in Drug Study.....Finley Ellingwood, M.D., Chicago, Ill.
7. Pituitrin.....A. W. Hobby, M.D., Sidney, Ohio.
8. Vaccines and Serums.....W. Clay Jones, M.D., Kenton, Ohio.
9. Hypodermic Medication.....Frank Webb, M.D., Bridgeport, Conn.
10. The Growth of Specific Medication...H. W. Felter, M.D., Cincinnati, O.
11. The Therapeutics of Purulent Conjunctivitis..J. L. Richardson, M.D., Ashland, Ky.
12. Viburnum.....Q. R. Hauss, M.D., Sellersburg, Ind.
13. Thyroid Extract.....E. J. Deck, M.D., Easton, Pa.
14. Solanum Carolinense..... WP. Best, M.D., Indianapolis, Ind.
15. The Therapeutics of Typhoid Fever.....R. L. Thomas, M.D., Cincinnati, Ohio.
16. Chromium Sulphate.....T. D. Hollingsworth, M.D., Akron, Ohio.
17. The Therapeutics of Diabetes Melitus.....Wm. E. Kinnett, M.D., Peoria, Ill.
18. Bryonia.....L. A. Perce, M.D., Long Beach, Cal.
19. A Study of Heart Remedies....A. F. Stephens, M.D., St. Louis, Mo.
20. Therapeutics of Insanity.....W. E Postle, M.D., Columbus, Ohio.

SECTION V—PUBLIC HEALTH.

President—H. B. Cummins, M.D.....Seward, Neb.
Vice-President—B. J. Alexander, M.D.....Hiawatha, Kan.
Secretary—O. C. Baird, M.D.....Chanute, Kan.

1. The Health Officers.....H. B. Cummins, M.D., Seward, Neb.
2. Rural Sanitation.....P. D. Bixel, M.D., Pandora, Ohio.
3. What Constitutes an Efficient Quarantine.....F. L. Hosman, M.D., Indianapolis, Ind.
4. The Prevention of Tuberculosis. B. J. Alexander, M.D., Hiawatha, Kan.
5. The Physician as a Health Officer.....E. K. Lawrence, M.D., Little Rock, Ark.
6. The Future.....M. S. Canfield, M.D., Frankfort, Ky.
7. The School Inspector.....Amy Robinson, M.D., Hastings, Neb. Round Table, G. W. Boskowitz, M.D., presiding.

THURSDAY, 2:00 P. M.

BUSINESS SESSION.

SECTION VI—MENTAL AND NERVOUS DISEASES.

President—T. D. Adlerman, M.D.....Brooklyn, N Y.
Vice-President—J. W. Kannell, M.D.....Bucyrus, Ohio.
Secretary—Edith Lowry Lambert, M.D.....St. Charles, Ill.

1. Paresis.....Theo. D. Adlerman, M.D., Brooklyn, N. Y.
2. The Influence of Faith and Fear on the Mind in Health and Disease. W. H. Morse, M.D., Hartford, Conn.
3. Mesmerism, Somnambulism and Hypnotics..F. S. Peck, M.D., Oklahoma City, Okla.
4. The Physician as a Teacher of the Public.....Edith Lowry Lambert, M.D., St. Charles, Ill.
5. The National Calamity: Insanity Consuming the United States Population.....Theo. D. Adlerman, M.D., Brooklyn, N. Y.
6. Chorea.....W. E. Postle, M.D., Shepard, Ohio.

SECTION VII—GYNECOLOGY.

President—H. H. Helbing, M.D.....St. Louis, Mo.
Vice-President—O. C. Welbourne, M.D.....Los Angeles, Cal.
Secretary—J. R. Duvall, M.D.....Atlanta, Ga.

1. Adeno-Carcinoma of the Cervix Uteri.....W. N. Ramey, M.D., Lincoln, Neb.
2. Unannounced.....H. S. Hutchins, M.D., Des Moines, Iowa.
3. Pelvic Inflammation, Its Electrical Treatment....A. S. Tuchler, M.D., San Francisco, Cal.
4. Non-Surgical Treatment of Endometritis.....M. E. Eastman, M.D., Weaverville, Cal.
5. Natural Methods in Gynecology..M. A. Carriker, Nebraska City, Neb.
6. Removal of the Cervix.....F. L. Wilmeth, M.D., Lincoln, Neb.
7. An Intractable Case of Dysmenorrhea.....M. F. Bettencourt, M.D., Mart, Texas.
8. Vaginitis, Calpitis or Elytritis.....G. A. Angus, M.D., Omaha, Neb.
9. Surgical Treatment of Ovaries and Tubes.....F. E. Hufnail, M.D., Minneapolis, Minn.
10. Ectopic Gestation.....O. C. Welbourne, M.D., Los Angeles, Cal.
11. Caesarean Section, with Report of a Case..B. Roswell Hubbard, M.D., Los Angeles, Cal.
12. Changes in the Uterine Body and Adnexa Following Amputation of the Cervix.....Herbert T. Webster, M.D., Oakland, Cal.
13. Metritis.....Wesley Van Nette, M.D., Clyde, Ohio.
14. Treatment of Sterility....E. B. Lowry Lambert, M.D., St. Charles, Ill.
15. Intra-uterine Injections.....Chas. Woodward, M.D., Chicago, Ill.
16. Leucorrhea.....A. P. Hauss, M.D., New Albany, Ind.
17. The Neglected Clitoris and Hood.....E. B. Dawson, M.D., Kansas City, Kan.
18. Congestion as a Factor in Diseases of Women..A. F. Stephens, M.D., St. Louis, Mo.
19. Pelvic Lessons and Their Treatment.....L. E. Russell, M.D., Cincinnati, Ohio.
20. Sterility.....John D. Estell, M.D., Cincinnati, Ohio.

FRIDAY, JUNE 19, 9:00 A. M.

SECTION VIII—PEDIATRICS.

President—F. O. Williams, M.D.....Columbus, Ohio.
Vice-President—
Secretary—Ida F. Kittredge, M.D.....St. Louis, Mo.

1. The Baby's Doctor.....Edith Lowry Lambert, M.D., St. Charles, Ill.
2. Congenital Phimosis.....Wesley Van Nette, M.D., Clyde, Ohio.
3. Adenoids.....Jas. P. Harbert, M.D., Bellefontaine, Ohio.
4. Membranous Croup.....J. L. Richardson, M.D., Ashland, Ky.
5. Intestinal Toxemia.....J. P. Harvill, M.D., Nashville, Tenn.
6. Congenital Phimosis.....W. Clay Jones, M.D., Kenton, Ohio.
7. Diphtheria.....R. B. Taylor, M.D., Columbus, Ohio.
8. Some Problems in Infant Feeding..F. O. Williams, M.D., Columbus, O.
9. Santonin in Intestinal Irritation..Mareva D. Brown, M.D., DeKalb, Ill.

BUSINESS SESSION.

Report of Board of Delegates.
Unfinished Business.
Installation of Officers.
Appointment of Standing Committees.
Adjournment.